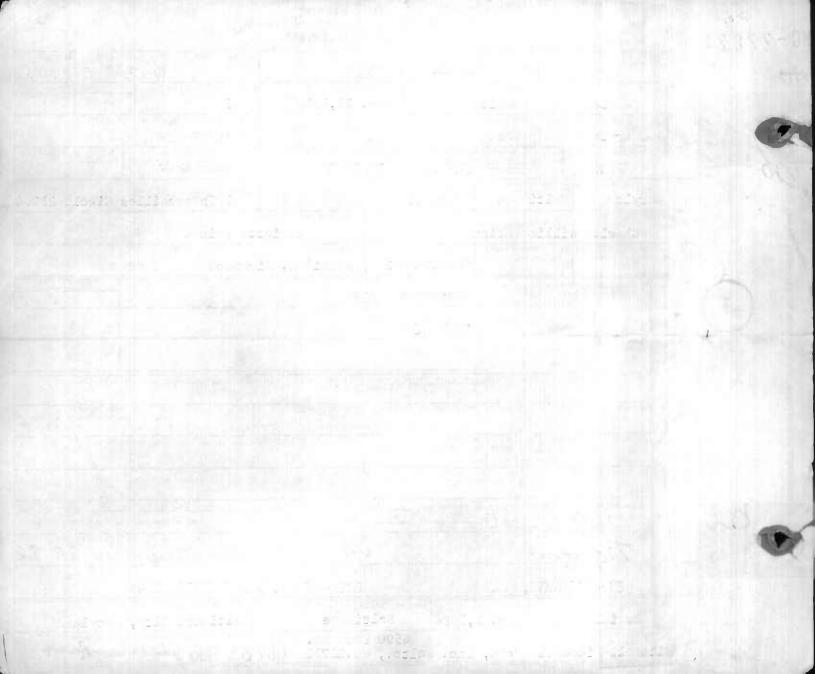
| 0 - 2 | 2824 | | 1 - FOR STATE REGISTRAR | | | PARTMENT OF H | E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH | REG. NO | 2 7 6 O. MONTH DAY YEAR | 1 5 |
|--|---|-----|--|---------------------------------------|---|--------------------------------|---|---|--|--|
| 1.12 | e 6 = | | DECEASED NAME | CAROLYN | GLORIA | | WOOD | 26. DATE OF DEATH | 10 29 '86 | 20. 1100K |
| 10 | oy b | - | SEX | 4. RA | | 5. DATE (| 2000 | 6 AGE (IN YEARS LAST BIR | | |
| | ge 4 m | ľ | Female | | White | Nov | . 11,1918 YEAR | 67 | YRS DA | |
| 1 | neral dir | 5 | BIRTHPLACE ISTATE OR FO | | TIZEN OF WHAT COU | NTRY? 8. MARRIE WIDOWI | DE DIVORCED D | BALTIMORE CO | OR COUNTY OF DEATH | MD. |
| 5 V | by the fu | 3 | CITY OR TOWN OF DEAT | 1 | NAME OF HOSPITAL, N IF NOT IN SUCH FACILITY GIV EATER BALTIMO | E STREET ADDRESS) | CENTER | 126 USUAL OCCUPATION OF OF WORK FOR MOST OF HOMEMAK | ON IZB. KINI OF WORKING LIFE) INDUST | D OF BUSINESS OR |
| ND 2/2 | 24 fulled in wist be | 5 | JSUAL RESIDENCE (IF NURSIN 30 STATE Maryland | IG HOME OR OTHER 136 COUNTY Baltimo | institution, give residence 13c. CITY O | E BEFORE ADMISSION) R TOWN SON | 13d. INSIDE CITY LIMITS? | 13. STREET ADDRESS . | / ZIP CODE sailles Cir | ccle 21204 |
| BALTIMORE, MARYLAND | mpletely ond 3sh | 2 | Charles W | illiam | | ST | 15. MOTHER'S MAIDEN NA FRS1 Henrie | tta Fricke | | LAST |
| RE, | execut and co ages 1 | , 1 | 60 WAS DECEASED EVER I | N U.S. ARMED I | | L SECURITY NO. | 17. INFORMANT | ADDR | ESS | |
| IWO | n and or Pages | 1 | (YES NO OR UNKNOWN) | (W TES, OTTE WAR | 218-0 | 7-3682 | Donald A. K | irkwood | Same | ROXIMATE INTERVAL EEN ONSET AND DEATH |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., I | s that the death mini- ed by the of Atta phages remove continuor. | | Conditions if any, gave rise to immicause of, stating underlying cause | which ediate the lost. | DUE TO, OR AS A CON (b) LUNG C | ISEQUENCE OF | | | | |
| AL RECORDS, 2 | The low require tion. e has been signing the permit. Then permit to but howe any injury. | 7 | NO DATE OF OPERATION | ON 1 | 96 CONDITION FOR V | | | 200 AUTOPSY? | 206. IF YES, WERE FIN IN CERTIFYING CAUS | NDINGS USED SES OF DEATH? NO |
| OF VII | CIAN: 3 physic entificat od-tran ntol Hy | 7 | OR CONTRIBUTING C | LUSE OF DEATH | TIB. TIME OF INJURY HOUR A.M. MONT P.M. | H DAY YEAR | 21c. HOW INJURY OCCUR | RRED (ENTER NATURE OF INJU | RY IN STEM 18 PART I OR PART | 2) |
| NOISION | offending ter this cost the burner of the bu | | 21d INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK | D 2 | THE PLACE OF INJURY AT HOME, STREET, FACTORY. | | 21f LOCATION STREET | CITY OR TO | OWN COUNTY | STATE |
| ٥ | pital or TOR Affor use of Health 21 is mo. | | 22a.t certify that (I) (sow the deceased | this hospital) o | ttended the deceased | 260 | 7 , 19 <u>86</u> nd that in (my) (aur) apinion | death occurred on the de | , 19 | |
| 1 | by the hos ERAL DIREC e detached Stote Dept. | | 1226. SIGNATURE | Ranom MD ATTENDING MEDICAL STAFF 10 | | | | | | ate signed . 29.86 |
| | TO HOSPITAL etoined by 1 TO FUNERAL should be det with the Store | | SHOHREH | TAAVONI, | | | 22e ADDRESS GBMC - 6701 N. | CHARLES STREET | 21204 | |
| | BP | | BURIAL, CREMATION, R BURIAL, CREMATION, R | the second second | DATE 1,1986 | | EMETERY OR CREMATORY | Baltimore | City, Mary | STATE |
| | | 1 | 4 FUNERAL DIRECTOR | 1 | | | | TE REC'D. BY REGISTRAR | | |
| | DHMH - 16 60M 7/B- | | Mitchell-Wied | efeld F | Home. Inc. | Balto. | Md.21212 00 | | Julia Davidson | |



FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

| REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. | |
|--|--|----------------------------------|---|---|
| I. DECEASED NAME FIRST | MIDDLE | LAST | 20. DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| Elenora | C | Knackstedt | October 2, 19 | 186 /30 M |
| 3 SEX | 4 RACE | 5. DATE OF BIRTH | 4 402 | IF UNDER 1 YEAR IF UNDER 24 HRS |
| Female | White | 5 26 1894 | 92 YRS | DATS HOURS MIN. |
| BIRTHPLACE (STATE OF FOREIGN | 76 CITIZEN OF WHAT COUNTRY | ? 8 MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY | OF DEATH |
| Missouri | U.S.A. | WIDOWED DIVORCED | Baltimore Cou | inty MD. |
| 10 CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURS | ING HOME OR OTHER INSTITUTION | 12g USUAL OCCUPATION | 12b. KIND OF BUSINESS OR |
| Bainesville | Valley View | Nursing Home | Housewife | 3 110001111 |
| 13a STATE 13b CO | or other institution give residence before unity 13c. CITY OR TO Dundalk | WN 136. INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP CODE 2718 Moorgate Rd | 1. 21222 |
| 14, FATHER'S NAME | | 15 MOTHER'S MAIDEN NA | | LAST |
| Henry | Poggemoe | ller Matilda | WIDDLE | Beckmann |
| 160 WAS DECEASED EVER IN U.S. | | CURITY NO. 17 INFORMANT | ADDRESS | |
| (YES, NOOR UNKNOWN) (IF YES, | GIVE WAR OR DATES) 514-38- | 1149D Velma Lutmar | Same as 13e | |
| TIL CAUSE OF DEATH (Enter | only one couse per line for (o), (b), o | and (c).) | 1 1 . | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| PART I. DEATH WAS CAU | ISED BY. | ecurent it | nko- | |
| IMMED | IAIL CAOSE (O) | | | |
| | DUE TO, OR AS A CONSEQ | YENCE OF | Matin | 1000 |
| Conditions, if any, which gove rise to immediate | (b) | Formar Fine | uca con | |
| couse (o), stoting the underlying couse lost | DUE TO, OR AS A CONSEQ | UENCE OF | | |
| | (c) | | | |
| | | DEATH BUT NOT RELATED TO THE TER | MINAL DISEASE OR CONDITION GIV | EN IN PART 110 |
| OF L | Castros to | | Lan Aux Change | WERE EN INC. 1985 |
| 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING | 196 CONDITION FOR WHIC | HOPE ATION WAS PERFORMED | | , WERE FINDINGS USED YING CAUSES OF DEATH2" |
| T T T T T T T T T T T T T T T T T T T | | | YES NON YES | |
| OR COLUMNIA COLUMN | LUGUE LU MONTELL | | RRED (ENTER NATURY OF INJURY IN ITEM 18 P. | ART I OR PART ?) |
| I IF EITHER NOTIFY MEDICAL EXAMI | | 19 | | |
| OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAMINATION OCCURRED | 21e PLACE OF INJURY | 211 LOCATION | CITY OR TOWN | COUNTY STATE |
| WHILE NOT WHILE AT WORK | TALLONE, SINCE, TACTORI, OTTAL | | / / | 01 |
| 22a.1 certify that (I) (this he | ottended the deceased from | . 19 | 4. to 10/21 | 19 06 that (It (we) lost |
| sow the deceased alive | on 9/30/19. | 6 and that in (my) (openior | death occurred on the date and hour | r and from the causes stated |
| 22b. SIGNATURE | not) view meloody offer deom. | DEGREE | | 22c DATE SIGNED |
| | www | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 10/2/86 |
| 770 PHYSICIAN'S NAME (TY | E PRIMIT | 27e ADDRESS | | 0 1/4/- |
| VUENGO | NEWYE | N 6331 | Isclair Kd | Balto Hd 2/2 |
| 23a BURIAL, CREMATION, REMOV | | NAME OF CEMETERY OR CREMATORY | | |
| Büria.1 | 10/6/86 N | Jorth Inman | Thman McPh | COUNTY STATE |

74 FUNERAL DIRECTOR 7922 Wise Avenues Dundalk, MD 21225 PEC Duda-Ruck Funeral Home of Dundalk, Inc. 1010

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

21093

Martin D. Lawson 10 W. Padonia Rd

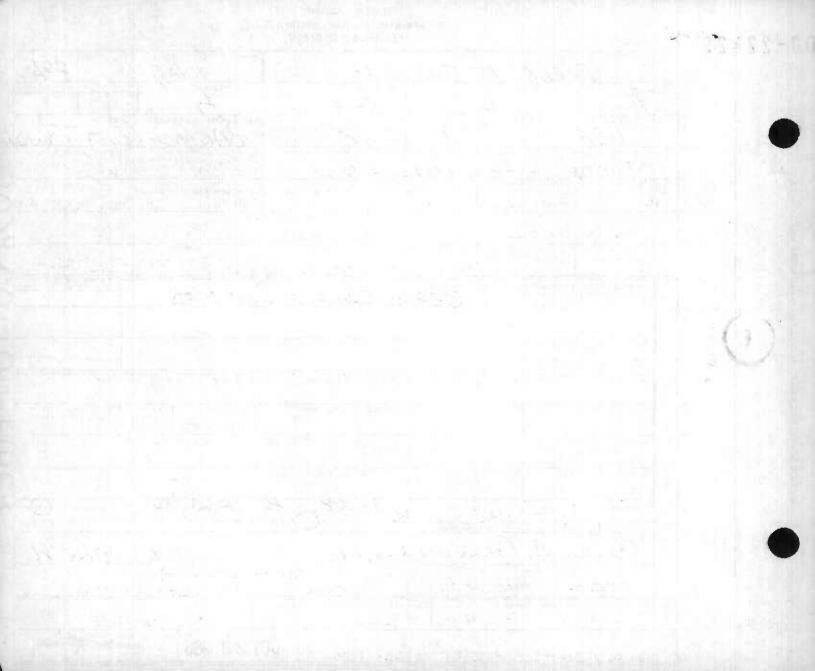
DHMH - 16 60M 7/84

(VRA 15, 4)



| 0 m f | 1- | FOR STATE REGISTRAR | DE | | EALTH AND MENTAL HYGI | ENE. | 210 | |
|--|---------------|--|--|----------------------|--|--|---|--|
| m me | 056 | | | CERTIF | ICATE OF DEATH | () | 0 | ' / |
| o wt | | EASED NAME FIRST | MIDDLE | othy , | AST Koermer | REG. NO | MONTH DAY YEAR | 26 HOUR |
| poge r. deat | TYPE | Ella Ella | D. | | ermer | 1 | 0.1286 | 1010 PM |
| ctor, po | 3. SEX | | . White | 5. DATE C | | 6. AGE (IN YEARS LAST BIR) | MONTHS DA | |
| Pog dire | | | b. CITIZEN OF WHAT COU | NTRY? B | | | R COUNTY OF DEATH | |
| Se Pare | | Balt. Md. | YUS A | WIDOWE | D NEVER MARRIED D | Balt. | County | MD |
| The state of the s | | YORTOWN OF DEATH | 1. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV STELLA MANS | E STREET ADDRESS) | | 12a. USUAL OCCUPATA (TYPE OF WORK FOR MOST O School Teac | F WORKING LIFET INDUSTI | OF BUSINESS OR RY Cation |
| | USUA | L RESIDENCE (IF NURSING HOME OR | THER INSTITUTION, GIVE RESIDENCE | TE BEFORE ADMISSION) | | | | |
| house the course of the course | 13a. S1 | Λ. | 0.1 | wsm | YES NO D | St. Elizab | th Hall, CS | 21204 C. Towsor |
| mplerel ond to |) (| CIRCT | r derdorf | AST | 15. MOTHER'S MAIDEN NAM | lark MIDDLE | | LAST |
| xecult dicol | | | WAR OR DATEST | L SECURITY NO. | 17. INFORMANT | ADDRE | | |
| S. Page | | No | 218- | 18-4433 | Skella Mar | is Hospice | Towson, M. | The state of the s |
| Tificate Tificate In physic Smawal. | | 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE | | (b), and (c).) | | | BETWE | OXIMATE INTERVAL EN ONSET AND DEATH |
| h cer nding or re otice | | | DUE TO, OR AS A CON | | | -4 | | |
| he death ce no attendin emove carb mation, or r troumatic | | Canditians, if any, which | ((b) Con | acstive N | eart Failure | | | |
| Se r | | gave rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR AS A CON | SEQUENCE OF | | | | |
| signed the hen plea | Z | PART 2. OTHER SIGNIFICANT CO | ONDITIONS CONTRIBUTION | IG TO DEATH BUT | NOT RELATED TO THE TERMI | NAL DISEASE OR CONI | DITION GIVEN IN PART | l(a) |
| Se rec | CERTIFICATION | 90 DATE OF OPERATION | 196 CONDITION FOR V | WHICH OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | 206. IF YES, WERE FIN IN CERTIFYING CAUS | |
| The state of | E . | | | | | YES NO | YES 🗀 | NO 🗆 |
| CLAN. | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) | HOUR A.M. MONT | H DAY YEAR | 21¢ HOW INJURY OCCURRE | ED (ENTER NATURE OF INJUR | Y IN ITEM TS PART I OR PART : | 7) |
| C PHYS | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 216 PLACE OF INJURY | OFFICE, FARM, ETC.) | 21f LOCATION STREET | CITY OR TO | WN COUNTY | STATE |
| END'S OR AT THE OF THE OF THE OF | | 22a I certify that (I) (this hospite saw the deceased alive an abave, (I) (we) (did) (did not | other deceased | from Jan | 8 , 19 88 ad that in (my) (aur) apinion de | | | m, that (I) (we) last |
| Part of Part o | 1 | abave, (1) (we) (did) (did not 22b. SIGNATURE | view the bady after death. | | DEGREE | | | TE SIGNED |
| 0 + 0 to 0 ± | | | | | | MEDICAL STAF | | 12.86 |
| TA STATE OF THE ST | | 22d PHYSICIAN'S NAME (TYPE OR | PRINT) | | 22e. ADDRESS | DIRECTOR THYSIC | MIN | 14-00 |
| ST ST 50 / | | Eddie No | ekhuda, M.D | | Stella Maris Ho | spice, Tow | son, Md. 2 | 1204 |
| - 0 0 0 ± 6 | | | 23b. DATE | | EMETERY OR CREMATORY | 23d LOCATION | | |
| 5 5 5 4 8 1 | | PRIAL, CREMATION, REMOVAL | ZJB. DATE | 130 INAME OF C | EMETERI ON CHEMICIONI | CITY OF TOWER | | |
| PP | 15 | DRIAL, CREMATION, REMOVAL Burial | 10/16/86 | | thedral Cem. | Baltimore | COUNTY | Md. |

| | 1 | | | STAT | E OF MARYLAND | | 0 7 % | 0 11 |
|--|---------------|---|--|---------------------|---------------------------------|-------------------------------|------------------------------|---------------------|
| The state of the s | 11. | FOR STATE | DEF | | EALTH AND MENTAL HYG | IENES O | 210 | ha had |
| 00-22429 | 1 | REGISTRAR | | CERTIF | ICATE OF DEATH | REG. N | O. | - 1 |
| 00 12 120 | | CEASED NAME FIRST | MIDDL€ | | AST | 20. DATE OF DEATH | MONTH BAY YEAR | |
| ay be age 3 death | (TITE | IRENS. | H KID | SOAUE | EL | 10/ | 25/86 | 803 |
| a d | 3. SE | | RACE / D | S. DATE O | | 6. AGE (NYMELES) | | |
| rector | | p | (Auc. | MONT | - 9 - 12 | 74 | THS DA | |
| Jeath. P. Jeath. P. Jeath. P. Jeath. P. Jeath. P. Jeath. J. Jeath. Jeath. J. Jeath. Jeath. Jeath. J. Jeath. Jeath. J. Jeath. J. Jeath. Jeath | 7a. Bi | RTHPLACE (STATE OR FOREIGN 7) | CITIZEN OF WHAT COUN | MARRIE WIDOWI | DI NEVER MARRIED DI DIVORCED DI | Un. | COUNTY OF BEATH | 1 Trusque |
| of the contract of | 10. C | TY OR TOWN OF DEATH | 1. NAME OF HOSPITAL, N | URSING HOME | | 120. USUAL OCCUPATI | | D OF BUSINESS OR |
| 5 NO 50 0 | 1 - | TOUSON | HOT IN SUCH FACILITY, GIVE | 410 . 1 . 11 | DSOILE | Unfinished | | |
| 27. non und | , USU | AL RESIDENCE (IF NURSING HOME OR O | THER INSTITUTION, GIVE RESIDENCE | BEFORE ADMISSION) | // | | | Belair, |
| ND 24 I | M | | ord Co. Bel | | 136 INSIDE CITY LIMITS? | 230 Crocke | | D.MD.21014 |
| YLA thin thin | 14. FA | ATHER'S NAME | | | 15. MOTHER'S MAIDEN NAM | AE | DI. Apt. | D.M. 21014 |
| d will de mod | 1 | William Morst | odie ias ein | 57 | Rehecca | Barschoup | | LAST |
| , s s s s s s s s s s s s s s s s s s s | 16a V | VAS DECEASED EVER IN U.S. ARM | | SECURITY NO. | 17. INFORMANT | ADDRE | SS | |
| BALTIMORE, | | YES, NO OR UNKNOWN) (IF YES, GIVE Y | WAR OR DATES) | | | , 3002 | Houcks Mil | L1 Rd. |
| LTIA Lion rs. P | | No | | 5-8196 | Harry W. Kolo | | ton, Md 21 | |
| X £ X 0 5 | 100 | 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED | one couse per line for 191, (BY: | b), and (c).) | Charact K | and Man | BETWE | EN ONSET AND DEATH |
| PRESTON ST. | | IMMEDIATE | | E437 (| ANGENT B | ONE MET | 7 | |
| NO / Supplied to the supplied | | | DUE TO, OR AS A CON | SEQUENCE OF | | | | |
| ES (& f) # 100 | | Conditions, if any, which gove rise to immediate | (b) | | | | | |
| W. P. | | couse (a), stating the | DUE TO, OR AS A CON | SEQUENCE OF | | | | |
| | | underlying couse lost. | (c) | | | | | |
| s, 201 gned to pution | 1 - | PART 2. OTHER SIGNIFICANT CO | NDITIONS CONTRIBUTING | G TO DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVEN IN PART | Tro |
| RECORDS, Iow requir os been sig ermit. Then the prior to b | CERTIFICATION | | 15 15 15 15 15 15 15 15 15 15 15 15 15 1 | | | | | |
| ECO William in the second seco | 7 8 | 190. DATE OF OPERATION | 196. CONDITION FOR W | HICH OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | 20b. IF YES, WERE FIN | |
| | E | | | | | YES NO | YES [| NO [|
| VIT N. T | 1 8 | 210. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | . 54V VEAR | 21c HOW INJURY OCCURR | ED (ENTER NATURE OF INJUI | RY IN ITEM IB PART I OR PART | 2) |
| OF a ph | ¥ | OR CONTRIBUTING CAUSE OF DEATH | HOUR A.M. MONTH | DAT TEAK | | | | |
| ON OF HYSICIA ding pl is certif burial-t Mental | MEDICAL | 21d INJURY OCCURRED | 21e. PLACE OF INJURY | | 211 LOCATION | | | |
| DIVISION OF VITAL NG PHYSICIAN: The ortending physicion of the certificate in the the buriol-froms in the and Mental Hygier orkedor them. | × | WHILE NOT WHILE AT WORK | (AT HOME, STREET, FACTORY, C | OFFICE, FARM, ETC.) | STREET | CITY OR TO | wn COUNTY | STATE |
| DIVISION OF PRESENT OF After the Use as the Health and is marked. | | 22a I certify that (1) (this hospita | Netanded the decorded | P | = 28 10 St. | 10/25 | Ela 10 | 4 . (6) |
| THE OR STATE | | saw the decessed alive on above, (I) (we) (did (did not) | 12. 13 | | nd that in (my) (our) pinion a | leath occurred on the de | ote and hour and from | _, that (I) we last |
| AT A | | obove, (I) (we) (did (did not) 22b. SIGNATURE | view the body ofter death. | | DEGREE | | | ATE & I GNED Z |
| OR DIRE | | 00.0:1 | (000.10 | | A ATTENDING | MEDICAL STAI | E Ve lin | 12-101 |
| SPITAL J by th NERAL be deto e State I TANT: # | | 22d. PHYSICIAN'S NAME (TYPE OF F | - Care | naces | PHYSICIAN [| DIRECTOR PHYSIC | | 5/8/8/ |
| OSP OSP UNI Id b | 18 | | | | stell | a Maris Hos | | / |
| TO HOSPITAL Tetorined by the Tetorined by the Tetorined by the Tetorine by the | - | Carla S. Alex | | | Dulaney Vall | ey RdTows | on, MD 212 | 04 |
| F 2 2 | 23a. E | BURIAL, CREMATION, REMOVAL | 23b. DATE | | EMETERY OR CREMATORY | 23d. LOCATION CITY OR TOWN | COUNTY | STATE |
| BP | | Cremation | 10-27-86 | Greenmo | ount Crematory | | e,Maryland | |
| DHMH - 16 60M 7/84 | 24 FI | UNERAL DIRECTOR | ADD | RESS | 25a. DATE | REC'D. BY REGISTRAR | 25b. REGISTRAR'S SIGN | IATURE CONTRACTOR |
| (VRA 15, 4) | J | John C. Miller In | | | 21206 | T28 1986 | 1 - Marianian | |



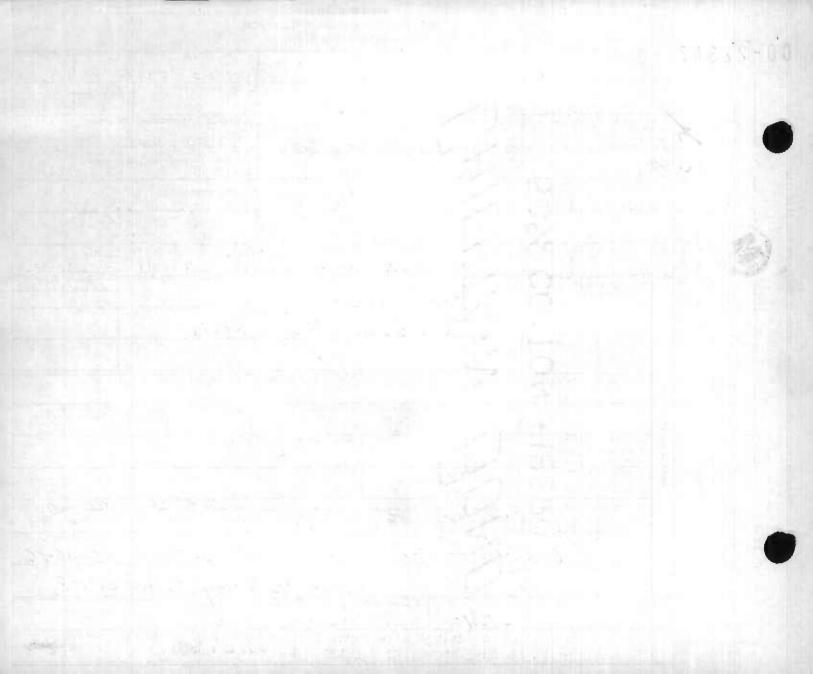
THE Contribute Section to Signife Are 21235

theoretic committee of being the state of being the state of the state Learney d. Nuck las. Halthorn, Survivad

Repairs-Calculater - Morning Co.

tilled in Japan id. | 21205

| | 1. | FOR | | | DEF | | TE OF MAI | RYLAND ND MENTAL HYG | IFNE | 7 | 5 2 | 2 |
|---|---------------|--------------------------|-----------------------------|--------------|----------------------|---------------------|-------------|-------------------------|-----------------------------|--------------------|----------------|-----------------------------------|
| - 1 | 1 | - STATE REGISTRAR | | | | | | OF DEATH | 5 0 | Cas 8 | | |
| 00-22347 | I DE | CEASED NAME | FIRST | A | WIDDLE | | LAST. | | REG. N 26. DATE OF DEATH | | AY YEAR | 2b HOUR |
| eo p | TIVE | E OR PRINT) | Marie | | | Kra | us | | October 2 | 6, 1986 | | 12:30 AM |
| moy po | 3. SE | | 4 RA | ACE | | 5. DATI | OF BIRTH | | 6. AGE (IN YEARS LAST BE | RIHDAY) IF | UNDER I YEAR | IF UNDER 24 HRS |
| 1 000 | 1 | Female | C | Caucas | ian | 5-1 | 9-190 | | 78 | YRS. | DNIHS DAYS | HOURS MIN |
| 1 11/2/20 | 10. B | IRTHPLACE (STATE OR FO | | | WHAT COUN | VIRY? 8 | | ER MARRIED | 9 BALTIMORE CITY | | FDEATH | |
| | Ma | arvland | | USA | | WIDO | | DIVORCED | Baltimor | e Count | ·v | MD. |
| 1 11 17 | | ITY OR TOWN OF DEAT | н 11. | NAME OF H | HOSPITAL, N | IURSING HOME | OR OTHER | INSTITUTION | 120 USUAL OCCUPAT | ION | 12b. KIND O | F BUSINESS OR |
| B 5 53 90 | Lo | ochearn | | | | theran H | lome | | Retired | OF WORKING LIFE) | Sales | lady |
| 212 | USU 130 | AL RESIDENCE (IF NURSIN | | | | E BEFORE ADMISSION | 1) | DE CITY LIMITS? | 13e STREET ADDRESS | 4.710.0005 | | |
| ON 13 11 100 | 7 | rvland | 30.000111 | | Balti | | YES S | | 3032 Mayf | | 1. 212 | 213 |
| | | ATHER'S NAME | MIDDL | | LA ⁵ | | | ER'S MAIDEN NAM | ΛE. | TCTG NG | | |
| 1 1 W | Y | William | MIDDE | _ | ringto | | | FIRST Hele | MIDDLE | Walla | LAST | 1 |
| H CONTRACTOR | | WAS DECEASED EVER IN | | FORCES? | | L SECURITY NO | 17 INFO | RMANT Balti | | RESSMD | 21207 | |
| W W | 1 | NO | (IF YES, GIVE WAR | OR DATES) | 212-0 | 05-4651 | | | eran Home | 6811 (| | eld Rd. |
| ALT SEED O | | 18 CAUSE OF DEATH | (Enter only on | e couse per | | <u> </u> | | | | | | IMATE INTERVAL ONSET AND DEATH |
| T., BA | | PART I. DE ATH WA | S CAUSEĎ BY: MMEDIATE CA | | FAS | eum | oni | 4 | | | | |
| ON S ding orbo | | | | | 9 | SEQUENCE OF | 1 | | / | | | |
| deoti deoti ove co non, | | Conditions, if ony, | | (b) | (21 | e lir | al " | thron | Losis | | | |
| PR of the | | gove rise to imme | | DUE TO OF | AS A CON | SEQUENCE OF | | | | | | |
| by by ose | | underlying couse | | (c) | (A3 A COI1. | SECOLINCE OF | | | | | B 32 T | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 INC. PHYSICIAN: The low requires that the death certificate for the certificate for the certificate been signed by the attending physician certificate has been signed by the ottending physician certificate has been signed by the outending physician certifications to permit. Then please remove corbon popilitions to permit. Then please remove corbon popilities and second should be fill into and Mental Hygiene prior to burnot, cremation, or removal orked or them 18 shows only injury, or other troumatic event, illustrated compared to the corporate of the corpor | | PART 2 OTHER SIGN | FICANT CONE | DITIONS CO | ONTRIBUTING | G TO DEATH B | T NOT RELA | ATED TO THE TERMI | NAL DISEASE OR COM | IDITION GIVE | V IN PART 10 | 0 |
| RDS on signification injuries | CERTIFICATION | | | | | | | | | | | |
| ECO on remit. | 1 3 | 190 DATE OF OPERATI | ON | 196 CONDI | TION FOR W | VHICH OPERAT | ON WAS PE | RFORMED | 200 AUTOPSY? | 20b. IF YES, | WERE FINDIN | IGS USED |
| N: The lysicion. | E | | | | | | | | YES NO | YES | □ | NO [|
| NITAN: TI hysica ficote fronsi Hygin 18 sh | 8 | 210. ACCIDENT WAS UNDE | | 216. TIME O | F INJURY M. MONTH | H DAY YEA | 21t. HO | W INJURY OCCURR | ED (ENTER NATURE OF INJ | JRY IN ITEM 18 PAR | T 1 OR PART 2) | |
| SICIA SICIA SICIA SICIA SICIA Certific riol-fr entol. | N N | OR CONTRIBUTING CA | | P./ | | 19 | | | | | | |
| HYS ndin his c d Me d Me | MEDICAL | 21d. INJURY OCCURRE | | 21e PLACE | | OFFICE, FARM, ETC.) | 211 100 | ATION | CITY OR I | OWN | COUNTY | STATE |
| IVIS of of other of the on the on the on the on the other ot | 2 | AT WORK AT WORK | | JATTOME, SIK | eer, racioni, c | JITICE, TANM ETC.) | | | | | | |
| A A A A A A A A A A A A A A A A A A A | | 22a.1 certify that (1) (| | | | from | | , 19 | _, to Oct | 26 19 | 86 | those (we) lost |
| Spirto CTO for of F | | sow the deceased | olive en vie | w the body | after death. | 19 86 | and that in | (my) opinion d | eath occurred on the c | late and hour c | and from the | couses stated |
| OR P DIRE DIRE Dept | | TIN SIGNATURE | | m | / | 111 | DEGREE | | | | 22c. DATE | SIGNED |
| AL DAL DAL DAL DAL DAL DAL DAL DAL DAL D | 10 | 100 | PRIBE | CELY- | 2 | 58// | ND | PHYSICIAN [| MEDICAL STA | IFF CIAN [| 10- | 26-86 |
| d by | | 22d. PHYSICIAN'S NA | AE LIYPE OR PRIN | 17) | 6, 7, 1 | | 22e ADE | RESS | 1111-11 | 1 1 | | |
| TO HOSPITAL retoined by the TO FUNERAL I should be detoined to the State I IMPORTANT: IF | | Dr. Har | old Bob | | | 250.58 | 72 | 20 Par. | KHeyht | Hve | 2120 | 8 |
| 5 g 5 4 3 3 | | BURIAL, CREMATION, R | EMOVAL 23 | b DATE | | 23c NAME OF | CEMETERY | OR CREMATORY | 234 LOCATION | | | |
| BP | | Burial | | 10/29 | 1/86 | Loudon | Park | Cemetery | | | MD | STATE |
| DHMH - 16 60M 7/84 | 24. F | UNERAL DIRECTOR L | oring B | Byers | Funera | | | Inc 250 DALE | | 256. REGISTRA | AR'S SIGNATI | URE |
| (VRA 15, 4) | 1 8 | 3728 Libert | _ | - | ~~~ | Juf 33 | 2113 | | 01211981 | 11 -5 | | Alegina. |



| | | | | | | | | | MARYLAN | | | | | | | | 4 |
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| 70- | 20315 | | REGISTRAR | | | MEDIC | AL EXAMI | NER'S | CERTIFIC | CATEO | FDEA | TH | REG. NO | | | 7 4 | |
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| | | (TYP | E OR PRINT) | | | | | | | | | OF | ESTI- | | | 0.0 | I HOOK |
| | PLEASE ECTOR. R FILES. HOURS STREET, | | | WALTE | | | | | RAUSE | | | | MATED 🗶 | | | 9 86 | M |
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| | Sugges. | M | ale | White | Aug | 16 19 | 38 48 | YRS. | DATS | ROURS | MIN | DEAD | CLD | 10 | 5 | 19 86 | 11:30 PM |
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| | 日本の言う | M | REIGN COUNTRY) | nd | | USA | | WIDO | | DIVORCE | | Balt | imore | Cour | ntv | | MD. |
| | ALUNA T | | TY OR TOWN | | | | , NURSING HO | AE, OR OT | | | 12a USU | AL OCCUP | ATION (TYPE | OF WORK | 12b KIN | D OF BU | SINESS |
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| MD. | 1 2955 | 14. FA | THER'S NAME | | MIDDLE | | LAST | | 15. MOTH | ER'S MAIDE | NNAME | | DDLE | | | AST | |
| 100 | 30000 | Tal | alter | | C | | Kraus | | | | | Mil | | | Mar | | |
| 9 | 80840 - | 16a. V | VAS DECEASED | EVER IN U.S. AR | MED FORCE | ES? 16b | SOCIAL SECUR | | 17. INFOR | MANT | | | ADDRESS | | Mar | CIN | |
| BALTIMORE | E 5 5 8 8 8 | { YI | ES, NO, OR UNKNO | WN) (IF YES, GIVE | WAR OR DATE: | | | | | | | | | | | | |
| ** | SA GIV | | no | | | | 13-34- | 6446 | Carl | Krai | ıse | 964 | Punja | ab C | irc | le 2 | 21221 |
| F. | 5000 | | PARTIDE | DEATH (Enter on | ly ane caus | | | | | | | 7. | | | BETW | ROXIMATE EN ONSET | AND DEATH |
| Z | E STEEDY | | | | TE CAUSE (| a) Arter | cioscler | otic | cardi | ovascu | llar | disea | se | | | | |
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| BK | 五年数元 卷 | | | s, if any, which | | b) | | | | | | | | | | | |
| 3 | NAME OF | | | e to immediate stating the under- | | | CONSEQUENC | OF | | - 1- | | | | | 1 | | |
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| Ë | - CREATE AS | CERTIFICATION | 198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED? | | | | | | | | | To a | | | | | |
| A P | SHOULD DRD "PE CHIEF A E USED / T OF HE/ URIAL, C | 5 | TYD. CONDITION FOR WHICH OPERATION WAS PERFORMED. | | | | | | | KWED? | | | | | 20 A | JTOPSY? | |
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| 9 | A SEN | 8 | | L CAUSE WAS | | TIME OF INJU | RY NTH DAY YE | 2 lc h | IOW INJURY | OCCURRED | N RETHER N | ATURE OF INJU | JRY IN ITEM 18 I | PART 1 OR PA | RT 2) | | |
| NO | SHOOP SO | 3 | UNDERLYING CONTRIBUTIN | G CAUSE OF | | P.M. | 19 | " | | | | | | | | | |
| /ISK | CERTING DED 1 DEP A DEP A 1 PR | MEDICAL | 21d INJURY O | CCURRED | | PLACE OF IN. | | 21f. LC | CATION | | | | | | | | |
| Š | S R R R R R | E | WHILE AT WORK | NOT WHILE | | STREET, FACTORY, FA | ARM, ETC.) | | STREET | | | CITY OR TOW | /N | CO | UNTY | | STATE |
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| | MINER: FICATE FOR: CTOR: THE CAND, | | 220 I certif | y that Nook charg | | | above, held an | Auta | psy X. | Inspection | <u>.</u> | Inquiry | L. an | d in my ap | inian | | |
| | ME HE HE | | death resulte | d from: Natur | al causes | X. Accie | tone . : | uicide | , Hamie | cide . | Undete | rmined mai | nner . | | | | |
| | EXAM CERTIFICAN ULD BI U DIREC F, WITH | | 1000 | 11/11 | | 1 1/1 | Mar | | TITLE (S | SPECIFY) | | | | | | | |
| | THOUSE WAS | | ACTUAL SIGNATURE _ | (Wire | - 1 | 711 | Wr. | , | AD ASS | istant | MEDI | CALEVANA | INIED | DATE | . 11 | 0-6-1 | 86 |
| | SE SE SE | | | | | 10 | | | | | MEDI | CALLXAMI | HAEK | SIGNE | U | | |
| | TO MEDICAL EXAMI EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNDE TO FUNDE AFTER DEATH, WITH BALTIMORE, MARYL | | EXAMINER'S I | NAME Cha | rles | P. Koke | es. M.D. | | _ADDRESS_ | 111 Pe | enn S | t., B | Balto. | , MD | 21: | 201 | |
| | PAPO PAPO A | 23a BI | | ION, REMOVAL 2 | | | 23c NAME OF C | EMETERY (| | OPY | 1234 100 | CATION | | | | | |
| | | {S | DECKEYS | ial | | /86 | Oak L | | | | | | imore | C C W | arv | lanc | TE. |
| 07/84 25M | BP | 24 51 | JNERAL DIREC | | 10/3 | // 00 | טמג דו | A VV 11 | | | | | | | | | • |
| | DHMH - 17 | | NAME | | | ADDRESS | | | | 250. DATE R | | REGISTRAN | | SIRAR'S S | BNAIL | ALCO. | |
| | (VR A15 ME (5)) | Co | nnelly | Funera | lHome | 300M | aceAve | . 21 | 221 | 1215 | 08. | 1966 | Tractice of | TAN CONT | - | | |
| | | - | | | | | | | | | | | | | | | |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3 5

27624

- STATE REGISTRAR 20 DATE OF DEATH MONTH MIDDLE I DECEASED NAME TIYPE OR PRINTI October 7, 1986 CARI EWARD KRONITZ 6. AGE (IN YEARS LAST BIRTHOAY) 4. RACE 5. DATE OF BIRTH IF UNDER I YEAR 3 SEX Nov. 8, 1919 White Male To BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Baltimore County MD WIDOWED DIVORCED IX 1). NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH LTYPE OF WORK FOR MOST OF WORKING LIFET (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Draftsman Multi-Medical Center Drafting Towson USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13a. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 3501 St. Paul St., 21218 Balto. MD YES TX NO T A FATHER'S NAME 15 MOTHER'S MAIDEN NAME Carl Kronitz Ethel Hearn 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT HE YES GIVE WAR OR DATES! 219 18 0824 Mercantile Safe Deposit & Trust Co. No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to Canditians, if any, which gave rise to immediate cause (a), stating underlying cause CERTIFICATION 196. CONDITION OR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES [NO [71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF FITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN AT HOME STREET, FACTORY, OFFICE, FARM, ETC) WHILE NOT WHILE 22a. | certify that (1) (this hospital) attended the deceased from_ saw the deceased alive an Oc 7 19 8 6 and that in (my) (and) apinian death accurred on the date and have and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 22 SIGNATURE DEGREE 22c DATE SIGNED MEDICAL ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 77d PHYSICIAN'S NAME (TYPE OR PRINT) 77e ADDRESS 201 E. University Pkwy, Balto., MD Dr. Alan Cohen, MD 23r. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY Balte. Loudon Park 10/10/86 MD Burial 250. DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE Henry W. Jenkins & Sons Co.

DHMH - 16 60M 7/84 (VRA 15, 4)

York Read Balto., MD

3760 COMPLETE STORES OF THE STATE OF Miles M. Mhise News. B, 1110 x Elimone Jounn refer to the contract of the c 510. x 2001 st. Foul St., 121zincu. rest 1 1 to the sample of the run to. el .. Uaiver its Pen, Elto, No The comment of the ر نام الشاع ما المام Euripe Hanne W. Jan in & on U.

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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

27625

| . DECEASED NAME | FIRST | MIDDLE | l. | AST | 20 DATE OF DEATH | MONTH | DAY YEAR | 2b HOUR | |
|--|--|--|-------------|--------------------------------|-------------------------------------|----------------|---------------------|-----------------|--|
| (TYPE OR PRINT) Albe | ert | Α. | K | uchta | October 1 | 0,198 | 36 | 8:23P W | |
| 3. SEX | 4 RACE | | S. DATE C | | 6 AGE (IN YEARS LAST BIR | THDAY) | MONTHS DATS | IF UNDER 24 HRS | |
| Male | Whi | te | Nove | mber 21 1917 | 68 | YRS | MUNTHS DATS | HOURS MIN. | |
| BIRTHPLACE (STATE OR F | OREIGN 76 CITIZEN O | F WHAT COUNTRY? | B. AAA DOJE | NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY OF DEATH | | | | |
| Md. | USA | | WIDOWE | | Baltimore | Count | У | M | |
| CITY OR TOWN OF DEA | (IF NOT IN S | HOSPITAL, NURSIN LIN Squar | ADDRESS) | pital | Tavern Owner 126. Kind of Busi | | | | |
| SUAL RESIDENCE (IF NURS 30. STATE Md . | ng home or other institution 136 COUNTY Baltimore | N GIVE RESIDENCE BEFOR | | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS 2 Whitelaw | | 21236 | | |
| Stefan | WIDDLE | Kuchta | | Wladyslawa | WE | | Brons | | |
| WAS DECEASED EVER | IN U.S. ARMED FORCES? | 166 SOCIAL SECT | | 17 INFORMANT Elizabeth Kud | chta 2 W | | aw Pl. | | |
| | which hediate g the last DUE TO, | OR AS A CONSEQU | ENCE OF PLU | Could Bl | | el Idition G | 10 IVEN IN PART 110 | yr+ | |
| 190 DATE OF OPERA | 196 CON | DITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | IN CERT | ES, WERE FINDIN | | |
| On COLUMNIA I | AUSE OF DEATH HOUR | OF INJURY A.M. MONTH D P.M. | AY YEAR | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJU | IRY IN ITEM 18 | PART I OR PART 2) | | |
| (IF EITHER NOTIFY MEDICAL STATE OF THE STATE | (AT HOME S | E OF INJURY STREET, FACTORY, OFFICE | FARM, ETC } | 211 LOCATION STREET | CITY OR TO |)WN | COUNTY | STATE | |
| saw the decease | (this hospital) attended ed alive on hospital (did not) view the boo | 13 19 | | d that in (my) (our) apinion (| death occurred an the d | ate and ha | | | |
| Cerp | Carly | .4 | | - D. ATTENDING PHYSICIAN | MEDICAL STA | FF CIAN [| 107 | 11/0 | |
| CLIFF | AME (TYPHORPRINT) RATL | 1 = 1 I | -n. | 5772 W | ILST VIE | w | MALL | . 9/2 | |
| a. BURIAL, CREMATION, | REMOVAL 236. DATE | 234 | NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | | COUNTY | STATE | |

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial 24 FUNERAL DIRECTOR

10-14-1986

Parkwood Cemetery

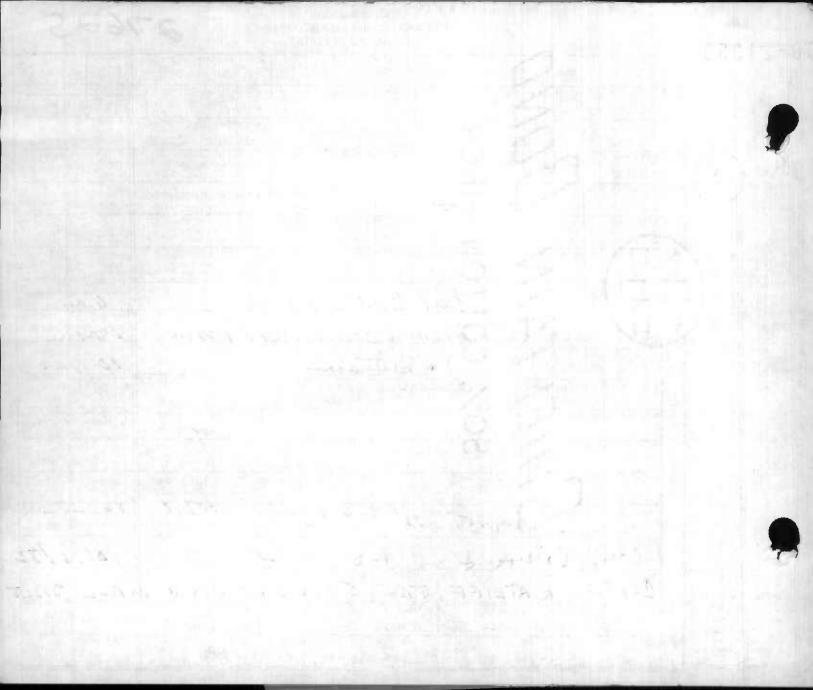
Baltimore

Md.

John M. Weber & Song

401 S. Chester St.

25. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 0-71073 REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) 10-05-86 10:51R MI GNON KUHN 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3. SEX JUL 7, 1901 YEAR 85 FEMALE WHITE BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE COUNTY MARYLAND USA WIDOWEDIXX DIVORCED [] 126. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY TOWSON HOUSEWIFE AT HOME BALTIMORE, MARYLAND 21201 APT. IC USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 3623 SEVEN MILE BALTIMORE MARYLAND BALTO. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LEONTINE MIDDIE BLOCK SIMON GREENEBAUM 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO MRS. LOIS HESS 17. INFORMANT (YES, NO OR UNKNOWN) 3519 BARTON OAKS RD. 21208 217-05-6147 BALTO., MD NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),
PART I. DEATH WAS CAUSED BY: PULMONARY EDEMA DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 10/03/86 ESOPHAGEAL OBSTRUCTION NOXX **DIVISION OF VITAL** 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB. PART 1 OR PART 2) HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN STATE (AT HOME STREET FACTORY OFFICE FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on_ and that in (my) (aur) apinian death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death DEGREE 221. DATE SIGNED 226. SIGNATURE ATTENDING MEDICAL D FUNERAL lould be deta PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS EMALA, M. D. GBMC-6701 N. CHARLES STREET 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL CREMATION, REMOVAL 23b. DATE BALTIMORE MARYLAND OCT.7,1986 HEBREW FRIENDSHIP BURTAL LEVINSON & BROS., INC. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 and survey into found has 1986 BALTO. MD 21215 6010 REISTERSTOWN RD. (VRA 15, 4)

MI ENDS!

SELTIMORE COUNTY

10-05-86-20-01

SPMC-SYZE IL GHARLES STREET

PULMONARY EDEMA

10/03/36 ESOPHAGEAL OBSTRUCTION

CHARLES W. EMLA, M.D.

36 10/5 36

GEMO-GTOO N. CHARLES STREET

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN®

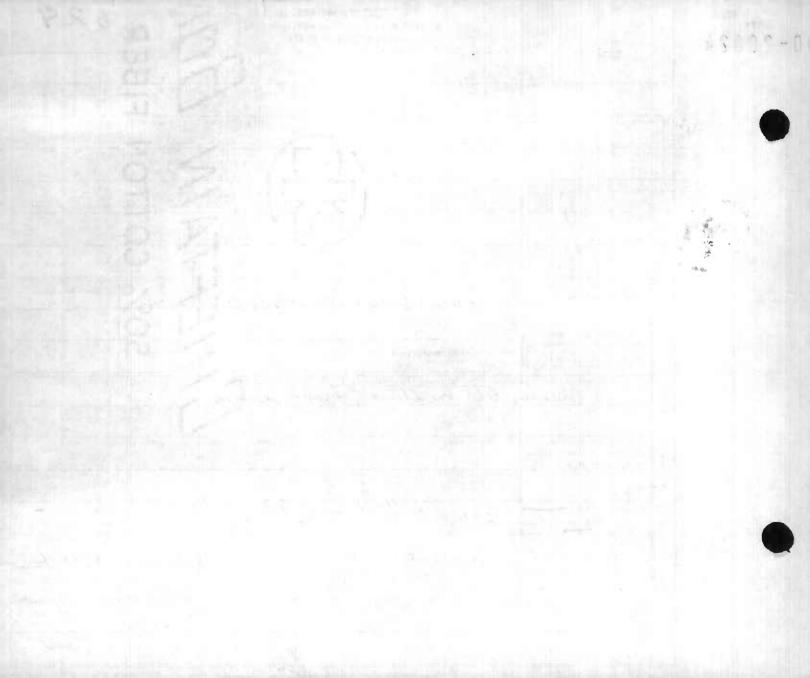
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| | 112 0 10 1111 111 | | | | | | REG. INC | /. | | | |
|------------|-------------------------|--------------|--------------------------------|--------------------|--|----------------------------|--|-------------------|---------------------|------------|------------|
| | DECEASED NAME | FIR51 | Ä | RIDDLE | L | AST | 20 DATE OF DEATH | MONTH DAY | TH DAY YEAR 2b HOUR | | |
| 1 (" | YPE OR PRINT) | Lau | ra (| 3. | Landefe | ld | October 10 |), 1986 | | | М |
| 1. | SEX | | 4 RACE | | 5. DATE C | | 6 AGE (IN YEARS LAST BIRT | HDAY) IF L | JNDER I YEAR | IF UNDER | R 24 HRS |
| V | Female | | White | 2 | Nov | ember 2, 1910 | 75 | YRS | UATS DATS | порка | MIN. |
| | BIRTHPLACE (STATE OR | FOREIGN | 76 CITIZEN OF | | NITDV2 8 | | 9 BALTIMORE CITY OF | | DEATH | | |
| | Maryland | | U.S.A | A. | WIDOWE | D NEVER MARRIED DIVORCED | Baltimore | e Count | y | | MD. |
| - | CITY OR TOWN OF DE | ATH | 11. NAME OF H | IOSPITAL, N | | OR OTHER INSTITUTION | ITUTION 120 USUAL OCCUPATION 126. KIND OF BU | | | | |
| 1 | Fullerton | | | | estreet address) | rive 21236 | INDUSTRY | | | | |
| 145 | SUAL RESIDENCE (IF NURS | | OTHER INSTITUTION | GIVE RESIDENC | E BEFORE ADMISSION | | L. CYDECT ADDRESS | 710 0000 | | | |
| | Md | 136 COUN | ltimore | Full | erton | 13d INSIDE CITY LIMITS? | 8101 Rie | dgetowr | Driv | e 21 | 236 |
| | FATHER'S NAME | | | | | 15 MOTHER'S MAIDEN NAM | ME | 0 | | | |
| - | Oscar B. | Palme | | Į.A. | | | pence | | LAS | 1 | |
| 60 | (YES NO OR UNKNOWN) | | MED FORCES? E WAR OR DATES) | | L SECURITY NO. | 17 INFORMANT | ADDRESS | | | | |
| | Yes | WW | / II | 212 (| 1 3153 | Frederick K. | K. Landefeld same | | | | |
| NOI | | | ((c) | | G TO DEATH BUT | NOT RELACED TO THE TERM | and the second | DITION GIVEN | IN PART 1 | 0 | |
| 1 5 | 19a DATE OF OPERA | TION | 196 CONDI | TION FOR V | WHICH OPERATIO | N WAS PERFORMED | 120g AUTOPSY? | 20b. IF YES, V | VERE FINDI | NGS LISE | D |
| CERTIFICAT | DAIL OF GILLA | | 176 601101 | TOTAL OR V | The contract of the contract o | WASTENI OKMED | YES NO | IN CERTIFYIN | | | TH? |
| 8 | 2 a ACCIDENT WAS UNI | h | 110110 4 | FINJURY M. MONT | H DAY YEAR | 216 HOW INJURY OCCURR | RED (ENTER NATURE OF INJUR | Y IN ITEM 18 PART | 1 OR PART 2) | | |
| CA | AR CHUICH MONEY WEST | CAI EXAMINER | P./ | | 19 | | | | | | |
| MEDIC | 214 INJURY OCCUR | | 21e PLACE (| | OFFICE FARM, ETC.) | 211 LOCATION STREET | CITY OR TO | NN | COUNTY | | STATE |
| | AT WORK AT WO | | | | 11- | 02 | 10 - | 10 | 01 | | |
| | 220 I certify that (I) | | 10- | deceased | Cor | . 19 | , to | 0 19 | 16 | that (I) (| (vee) last |
| | | did) (did na | t) view the body | after death | 17 45.0 | nd that in (my) (pinion o | death occurred on the do | re and navi a | | 1000 | |
| | 224. SIGENTURE | | 1 1 | 1 | 1. | DEGREE ATTENDING | MEDICAL STAF | F | 22c. DATE | | |
| - | 22d PHYSICIAN'S N. | AAAE ITYDE O | | uale | were | PHYSICIAN 2 | DIRECTOR PHYSIC | IAN 🗌 | 10- | 13-8 | 4 |
| | Dr. Mari | | | ski | | 8604 Harford | l Road, Bal | timore | , MD | | |
| 230 | a BURIAL, CREMATION, | REMOVAL | | | | EMETERY OR CREMATORY | 23d LOCATION | | P YINUC | | STATE |
| | Burial | | 10/14/ | 86 | Parkwoo | od Cemeterv | Baltimore | , Mary | Land | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Burgee-Henss Funeral Home 3631 Falls Road 21211



| | - 1 | | | STATE OF MARYLAND | | |
|---|---------------------------------------|--|---|--|---|---|
| 10-2-48 | 20 | FOR STATE REGISTRAR | DEPARTI | MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | 0 0 | 2 7 6 4 7 |
| 10-2118 | Z U | I. DECEASED NAME FIRST | MIDDLE | IAST | REG. NO. | THE DAY YEAR 26 HOUR |
| 99 | - 1 | (TYPE OR PRINT) JOAN | | LAPP | 10/20 | 186 4A M |
| ge 4 moy | | 3. SEX Emole | LRACE White | 5 DATE OF BIRTH 193 | 6 AGE (IN VEARS LAST BIRTHDA | Y) IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DATS HOURS MIN. YRS. |
| of h | 69 | MPLACE STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED WIDOWED DIVORCED | | <i>Q</i> . |
| ofter de | 10 | 10 CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSIN | G HOME OR OTHER INSTITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WE | 126. KIND OF BUSINESS OR INDUSTRY |
| D 212C | 34 | SUAL RESIDENCE (IF NURSING HOME OF 136. COL | OR OTHER INSTITUTION GIVE RESIDENCE BEFORE | ADMISSION) 134 INSIDE CITY LIMITS? | 130 STREET ADDRESS | 1 |
| LAN iio 2 | -0 | 14 FATHER'S NAME | 24 Marto | OO YES NO P | 1 Scaringh | Tare. 21222 |
| MARY ed with | 30 | RET PAINERS NAME | MIDDLE Jay | 15 MOTHER'S MAIDEN N | MIDDLE | , LAST |
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| thor it | or other | couse (o), stating the underlying cause last. | DUE TO, OR AS A CONSEQUI | Alcohol | 15m | |
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| NDING NDING N AFF | reom. | 220 1 certify (hot (1) this hos | pital) attended the deceased fram_ | 1983 19 | | |
| L'ATTE Mospito RECTO est for | 21 | saw the deceased alive above (I) (we) (did) (aid n | notyview the body ofter death. | DEGREE DEGREE | n death accurred an the date of | and haur and fram the causes stated |
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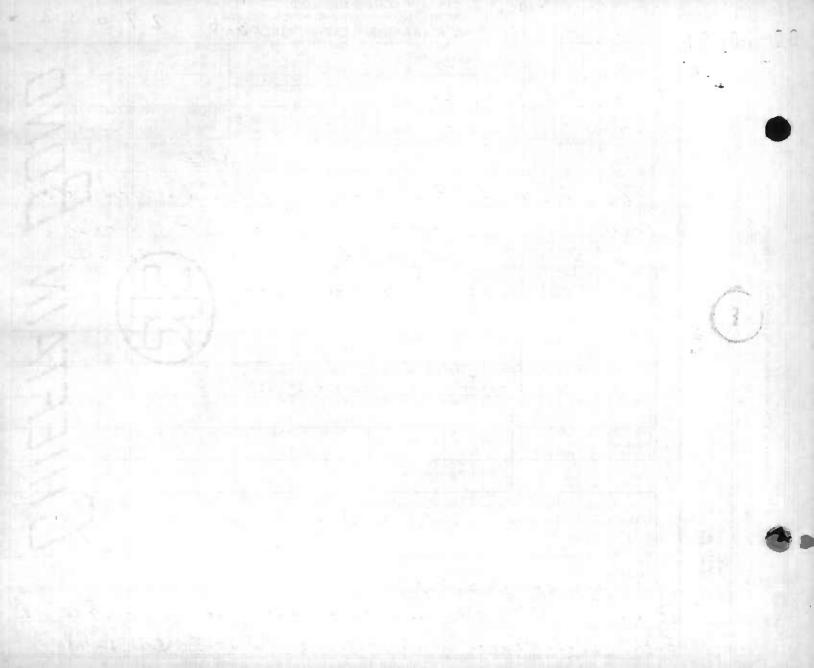
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4107 Wilkens Ave

DHMH - 16 60M 7/84 (VRA 15, 4)

Hubbard Funeral Home, Inc.

| LGA | 2. | | tems, 18a, Par | t#2, 22a | EPARTMENT OF | HEALTH A | KYLAND ND MENTAL H | YGIENE | 2 | 7 6 3 | 2 | |
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| 9 | の単地型を | Inter | TY OR TOWN OF DEATH | | 1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) | | | | | | | |
| 3 | SOAT D | | wings Mills | Rosewood | | | | NONE | | | | |
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| , E | 報義の | 1 | RALPH | mose | LEACH | | MAUDI | E A | 7. | HILD | | |
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| 92 | NO KEN | | lying cause lost. | (c) | | | | | | | No. | |
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8728 Liberty Road Randallstown, Maryland 21133

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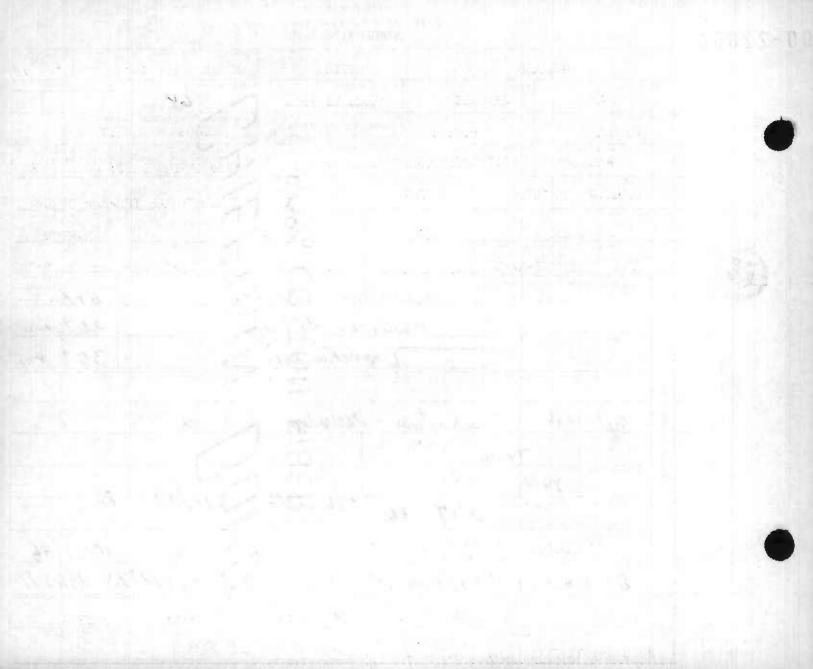
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) **EDWARD** LEGO 86 1.0 3 SEX 4 RACE 5. DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAYS IF UNDER 1 YEAR IF LINDER 24 HRS 08 MALE WHITE 69 To. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIEN NEVER MARRIED Conn. USA BALTIMORE COUNTY WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BU TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BAL BALTIMORE Chief Custodian Board of JOSEPH HOSPITAL 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 28 Hathaway Road 21093 Raltimore Timonium Maryland FATHER'S NAME 15. MOTHER'S MAIDEN NAME Bertha Dickerman Fred Lego 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT HE YES, GIVE WAR OR DATES) 040-10-7060 Family Records Ves 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting DUE TO OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF NO I 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) CITY OR TOWN COUNTY NOT WHILE Den 220.1 certify that (1) (this haspital) attended the deceased from. and that in (my) (our) opinion death accurred on the date and hour and from the couses stated 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Cumberland Valley Memorial burial Cumberland County, Pa 24 FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 y would show - prospective (VRA 15, 4) Hoffman-Roth Funeral Home Carlisle Penna

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| poge r deal | 3. SEX | | | 4 RACE | | I S. DATE O | OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR | IF UNDER 24 HRS |
| ge 4 n rector. | | MALE | | CAUC | ASIAN | MAR | CH 21,1922 | 64 YRS | MONTHS DAYS | HOURS MIN. |
| Signal din Personal din Persona | 70. BIRTHPLACE (STATE OR FOREIGN MARYLAND | | | 76 CITIZEN OF WHAT COUNTRY? U.S.A. | | MARRIED NEVER MARRIED WIDOWED DIVORCED | | 9 BALTIMORE CITY OR COUN BALTIMORE C | | MD. |
| The first of the f | 10. CIT | Y OR TOWN OF DEA BALTIN | | | | | ACE 21208 | 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING PURCHASING, D | 12b. KIND O INDUSTRY | BALTO INTY GOVNT |
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| ON AND THE | (YE | S, NO OR UNKNOWN) YES | | - ARMY | 213-14-4 | 1054 | MRS. ANN LEV | IN 617 leafyda | le terra | 21208 |
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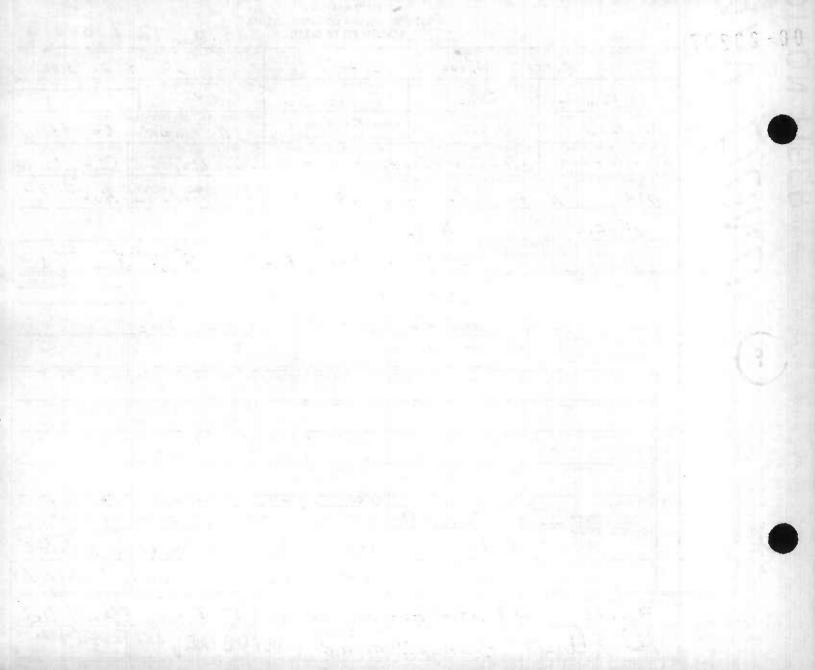
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 2a. DATE OF DEATH MONTH 1. DECEASED NAME FIRST 2b. HOUR TYPE OR PRINT) ZELDA V. LITTLEPAGE October 22, 1986 IF UNDER 1 YEAR 4. RACE 5 DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAY) IF LINDER 24 HRS MONTH Female White March 29, 1891 TA BIRTHPLACE ISTATE OR FOREIGN 7h. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Maryland U.S.A. WIDOWEDIX DIVORCED [Baltimore County IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Catonsville Summit Nursing Home Homemaker Own Home WSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Maryland CILV Baltimore YES X NO 102 Mallow Hill Rd. 21229 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIR51 MIDDLE Francis Jessie Clarv Anna Emelv 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESCatonsville, MD. 21228 IYES, NO OR UNKNOWN) JIF YES, GIVE WAR OR DATES) 219-20-6530 Gordon Littlepage Jr. - 1303 S. Rolling Rd. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (D) DUE TO OR AS AMONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO Y YES [21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE attended the deceosed from 22a.1 certify that (1) (this has man and that in (my) (our) opinion death occurred on the date and have and from the causes stated (I) (washingtof diet was new the body pley death. 776 SIGNATURE DEGREE 22c DATE-SIGNED ATTENDING MEDICAL PHYSICIAN TX DIRECTOR PHYSICIAN 22e ADDRESS Dr. Harry Knipp 5411 Old Frederick Rd. Baltimore MD. 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION, REMOVAL 23d LOCATION

Loudon Park Cemetery

21228

Baltimore City

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURES

Maryland

10-24-1986

LEUNER PRECIOR Russell C. WitzkeFuneral Homes P.A.

1630 Edmondson Ave., Catonsville, MD.

DHMH - 16 60M 7/84

FUNERAL (

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Burial

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| | ge 4 may | 3 SE | × Male | 4. RACE White | | S. DATE O | | 6. AGE (IN YEARS LAST BIR | THDAY) IF MO | UNDER 1 YEAR | IF UNDER 24 HRS HOURS MIN. | |
| 0 | nerol dir | 24 . B | RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland | | WHAT COUNTRY? | 0 | D NEVER MARRIED | Baltimore CITY O | R COUNTY C | FDEATH | MD. | |
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| BALTIMORE, MARYLAND 2120 | n 24 hou | 130 | | timore | GIVE RESIDENCE BEFORE | ADMISSION) | 13d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS A | | venue | 21236 | |
| MARYL | Miles Author | 9 | ATHER'S NAME William Charles | | LAST | | 15. MOTHER'S MAIDEN NA FIRST Mary | Lunz | | LAS | 51 | |
| TIMORE | S. Physical Control of the control o | 160 \ | VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN} {IF YES, G | RMED FORCES? | 216-01-8 | | John G. Lohn | es 20 Woody | | Balti | more 21221 | |
| | physicia on paper emoval. | | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA | anly ane cause pe SED BY: ATE CAUSE (a) | Cardiac | Arres | st | | | APPROX BETWEEN | ONSET AND DEATH | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. | that the death or d by the attendin ease remove cork al, cremation, or or other troumatic | | Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost Conditions, if any, which gave rise to immediate cause (b) Ruptured Abdominal Aortic Aneurysm DUE TO, OR AS A CONSEQUENCE OF Renal Failure secondary to Polycystic Kidney Disease | | | | | | | | | |
| CORDS, 20 | been signer mit. Then pl | CERTIFICATION | PART 2. OTHER SIGNIFICANT | | | | NOT RELATED TO THE TERM | 20b IF YES, | WERE FIND! | NGS USED | | |
| ITAL RE | hos be | ERTIFIC | 21g, ACCIDENT WAS UNDERLYING | 21b. TIME C | DE IN HIPY | | 21c. HOW INJURY OCCUR | YES NO | YES | | NO | |
| VISION OF VI | NG PHYSICIAN. The other driving physicic (for this certificate os the burial-transit th and Mental Hygic parked or item 18 sh | MEDICAL C | OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | EATH HOUR A ER) P 21e. PLACE | .M. MONTH DA .M. OF INJURY REET FACTORY, OFFICE, F | 19 | 21f. LOCATION STREET | CITY OR TO | | COUNTY | STATE | |
| ī | spital or Spital or CTOR: A Ifor use of Heal | k | 27a I certify that () (this has saw the deceased alive a abave, (f. (we) (a.d.) (this | oital) attended the October | al 19 | | per 31, 19 86 and that in (1) (aur) apinian | death occurred on the do | | and fram the | | |
| • | HOSPITAL OR Anned by the holy the holy the holy the holy be detoched old be detoched in the Store Dept ORTANI: If Hen | h | 226. SIGNATURE CYPTHYA 226. PHYSICIAN'S NAME LIVE | 2. Pow | rens N | 1. D, | ATTENDING PHYSICIAN [| MEDICAL STAI | FIAN | 10/ | SIGNED 31/8/6 | |
| | TO HOSPITA retorned by TO FUNERA should be de with the Stot | | Cynthia A. Po | wers MD. | | | 9000 Frankl | in Square Di | rive, 2 | 21237 | | |
| | BP | 6 | BURIAL, CREMATION, REMOVA SPECIFY) Burial | 11/03 | | rkwoo | d Cemetery | 23d LOCATION CITYORIOWN Baltimor | | COUNTY | STATE | |
| | DHMH - 16 60M 7/B4 (VRA 15, 4) | 24 F | INERAL DIRECTOR The D | ippel Fu d Balti | neral Hom more Mary | es, I | nc 21206 | ERECT BY REGISTRAR | 256. REGISTRA | R'S SIGNAT | URE | |

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

(VRA 15, 4)

| 8 | 4 | | | | FOR | 18a, &2 | | G-02 | EPARTME | | | ARYLAN | | VCIENE | | | | | | |
|-------|----------------------------|--|--------|----------------|---------------------|--------------------------------------|---|--------------|--------------------------|---|-----------|-------------------|--------------|--------------|--------------------|------------------|-------------|--------------|-----------------------|--|
| 1 1 - | 21 | 299 | | 1- | STATE X a M | .,10/31 | /86 (| GD7. | ICAL EX | | | ERTIFIC | | | | REG. NI | 3 7 | 64 | 3 | |
| 0 | 2 (| 7 2 3 3 | | | CEASED NAME | FIRST | | | WIDDLE | | 1 | AST | | 2 | DATE KI | NOWN X | MONTH | DAY YEAR | R Zb HOUR | |
| | | PLEASE ECTOR. FILES. HOURS STREET, | | | | FREDDIE | | | | Α. | | ONG, | Jr. | 21 | | MATED [| 7 | -8619 | M | |
| | | ARY, PLEASE L DIRECTOR. YOUR FILES. N 72 HOURS TON STREET, | | 3 SEX | | 4. RACE | 5. DATE OF | DAY | YEAR L | GE (IN YEARS AST BIRTHDAY) | MONTHS | | HOURS | | C DATE | CED | MONTH | DAY YEA | 2d HOUR | |
| | | YOU YOU | - 1 | | RIHPLACE (51 | White | Nov. | | 1946 | 395 | | | | | DEAD | DE CITY O | 10-5 | -86 19 | 12.50 | |
| | | NECESSARY, FUNERAL DIRE 5 FOR YOUR 5, WITHIN 72 I | 111 | FO | REIGN COUNTRY) | | 1103 | | | 8 MARRIED WHO PROPERTY OF COLUMN STATES AND | | | | | | _ | | | | |
| | 0 | SE S | 17 | | TY OR TOWN (| | | OF HOSP | ITAL, NURSIN | IG HOME, O | | | | 12a USUA | Baltir NLOCCUPA | ATION ITYPE | E OF WORK | 12b. KIND OF | 126. KIND OF BUSINESS | |
| | 10 | ER DEATH, IF ANY DELAY IS N PAGES 1, 2, AND 3 TO THE FU DRM PM 3, RETAIN PAGE 5, S RAND 2 SHOULD BE FILED, V N OF VITAL RECORDS, 201 | 2/ | / | Essex | | Fra | nklir | LITY, GIVE STREET Squar | e Hos | pita | 1 | | FOO | d Tr | ansp | ort | OR INDUS |) I KY | |
| | 101 | ORD AND | 7/ | USUA 13a. S | L RESIDENCE (| IF IN NURSING HOME C | OR OTHER INSTIT | TUTION GIVE | RESIDENCE BEFO | RE ADMISSION TOWN | | 13d INSIDE CI | TY LIMITS? | 13e STREE | T ADDRESS | S | | | | |
| | . 21201 | A N N N N N N N N N N N N N N N N N N N | 2 | | Md | . B | alto. | • | Es | sex | | YES 🗌 | NO* | - | Wel | broo | k Ro | ad 21 | 221 | |
| | . MD | AS STA | 21 | 1 | THER'S NAME | | MIDDLE | | LAST | | 183 | IS. MOTHE | RST | | MID | DtE | | LAST | | |
| | AORE | F PAGE FORM FORM FORM FORM | /4 | | reddi | E ALD EVER IN U.S. ARA | ert MED FORCE | S? | Lon 16b. SOCIAL | | 10. | Ele 17. INFORM | anor | | Edi | th ADDRESS | | | | |
| | BALTIMORE, MD. | E III I III O | / | (1) | no, or unknow | WN) (# YES, GIVE | WAR OR DATES |) | 100000 | 44-42 | | Anno | ++0 | Long | EAE | F-7 - 1 | b o . | LD 3 | 01001 | |
| | 9 | B GIVI | 1 | | 18 CAUSE OF | DEATH (Enter an | ly ane cause | per line f | | | 2701 | Aune | 74 | попа | 242 | _wer | 0100 | APPROXIM/ | ATE INTERVAL | |
| | SNO | ENGRA H | 1 | | PARTIDE | ATH WAS CAUSED | D BY: TE CAUSE (c | Ca | rdiom | yopat | hy | | | | 43-1 | | | BETWEEN ON | SET AND DEATH | |
| | 15/ | 17. | 5 | | Candition | s, if any, which | DUE | TO, OR A | S A CONSEC | UENCE OF | | | | | | | | | | |
| | E | [經濟 | E . | | gave rise | e to immediate stating the under- | | D) | S A CONSEG | UENCE OF | | | | | | | | | | |
| | 102 | | ż | | lying caus | | | | 3 A CONSEG | WENCE OF | | | | | | | | | | |
| | SG9 | A SERVICE | 5 | | PART 2 DTNER SIG | NIFICANT CONDITIONS | CONTRIBUTING | | IT NOT RELATED T | D THE TERMINA | L DISEASE | DR CONDITION | GIVEN IN PAR | T I (a), | | | | | | |
| | ECO | ALT A RECORD | ž Ž | CERTIFICATION | | | | | | 3148 | | | | 2.16 | | | | | | |
| | ALR | | | ICA1 | 190 DATE OF | OPERATION | 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? | | | | | | | | | 20 AUTOPS | | | | |
| | FVIT | NOR SE | BURIAL | ERTIF | 21a. EXTERNA | L CAUSE WAS | 21b | TIME OF I | NJURY | | 21r HO | W INJURY | OCCUPPE | D LENTER NA | TURE OF INJUS | DV IAI ITEM 18 I | DARY LORDAS | YES X | NO 🗆 | |
| | DIVISION OF VITAL RECORDS, | CERTIFICATE SI CED TO THE CO DED TO THE C E 3 SHOULD BE DEPARTMENT | 23 | | UNDERLYING | | HO | | MONTH DA | Y YEAR | 210110 | 11 11 130 11 | OCCORRE | D (FIAIFKIA) | TORE OF HAJOR | KT IIS IIEM IO | PART TORPA | () 2) | | |
| | /ISIO | TING TING DEPATO | X Z | MEDICAL | 214 INTITIPY O | CCUPPED | 21e | PLACE OF | FINJURY IA | | 211 LOC | ATION | 77.7 | | | | | | | |
| | ā | WRIT WRIT ARE ATE | 22 | * | WHILE AT WORK | NOT WHILE |] " | IREET, FACTO | RY, FARM, ETC.) | | 211 | REET | | | CITY OR TOWN | N | COL | UNTY | STATE | |
| | | NER: THIS CERT CATE, WRITING FORWARDED 1 TOR: PAGE 3 SH THE STATE DEPA | ZD, Z | | | y that I taak charg | e of the rem | nains desci | ibed abave, I | reld an | Autapsy | X. | Inspection | | Inquiry [|], an | id in my ap | inian | | |
| | | AND HE FOR THE PROPERTY OF THE | 3 | | death resulte | d fram: Natur | al causes | X), , | Accident | , Suicie | de, | Hamici | ide . | Undeter | mined man | ner . | | | | |
| | | CAL EXA THE CER SHOULD RAL DIR ATH, WI | ¥ X | | ACTUAL | A | 6 | 25 | 1 | - | | TITLE (SF | | _ | | | DATE | 40 5 | 0.5 | |
| | | SHE SHE | ğ — |) | SIGNATURE_ | 11 | 0 | 7 | X | | wit | eputy | Chie | ET MEDIC | AL EXAMIN | NER | SIGNE | D 10-5 | -86 | |
| | | TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S | 7 | | EXAMINER'S IN | NAME IT) | Ann | M. Ď: | ixon, N | 1.D. | A | DDRESS_1 | .11 Pe | enn S | treet | | | | | |
| | | EXECUTE PAGE TO PIE | BA | 23a.Bl | PECIFY) | ION, REMOVAL 2 | | | | E OF CEME | | | | 23d, LOC | ATION | | COUN | ITY | STATE | |
| | 7/84 5M | BP 3/ | / | 24 51 | Bur INERAL DIREC | cial | 10/ | 9/8 | Ho: | LlyHi | 11C | | | Mid | dleR | iver | Bal | to. Ma | arylan | |
| | | DHMH - 17 (VR A15 ME (5 | (1) | | | lyFuner: | alHom | ADDRESS | OMace | ATTO | 21 | | So. DATER | | 986 | 256 REGI | STRAR'S SI | GALATURE | 1 | |
| | | (S SIN CIA NY) | 7)) | | | 2 | | 3 | | | - L | | 608 | 001 | 000 | | | | 3- | |

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED JOHN YOUR FILES.
YOUR FILES.
IN 72 HOURS usB 30 3 SEX 4 RACE AGE (IN YEARS IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY) PRONOUNCED 3:30 30 DEAD 16 63 Male White 10 76. CITIZEN OF WHAT COUNTRY TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. WIDOWED DIVORCED [Baltimore County
126, USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS Maryland ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Essex 1635 Frenchs Ave. 21221 Purchasing Agent Crown Cork USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore Maryland Essex YES] NO K 1635 Frenchs Ave. 21221 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME PIRST MIDDLE John Lusby, Sr. Carrie Pilkerton 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES GIVE WAR OR DATES) FRENCHS AUE. WW II 216-16-5921 Mildred E. Lusby 1635 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DIVISION OF VITAL RECORDS, 301 W, PRESTON ST., PART I DEATH WAS CAUSED BY ARDIOPYLMON DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO [21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 211 LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.] STREET CITY OF TOWN COUNTY STATE WHILE AT WORK 22s. I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian PAGE 4 SHOULD BE I TO FUNERAL DIRECTO AFTER DEATH, WITH TH BALTIMORE, MARYLAND Natural causes Hamicide L Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER 6800 MORNINGTON RO. EXAMINER'S NAME mo. (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Burial 11-3-86 Meadowridge BP. Dorsey Howard MD Duda-Ruckber-Euneral Home of Dunda 12 DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) 7922 Wise Ave. Dundalk, MD 21222 15M 7/77

LINE ATHE OF DIX WHEEL OF PARK 16 30 Bt 13. TEACH THE PARKS THE STANDERS OF AREA Proceeding Virginian Adaption in and harrish was the bud a

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME TO DATE KNOWN XX MONTH DAY (TYPE OR PRINT) OF ESTI-19 86 Madera Angel FUNERAL DIRECTOR 5 FOR YOUR FILES 5 DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 2c DATE 11:27 LAST BIRTHDAY) PRONOUNCED 1-27-1948 38 YRS DEAD Male 19 86 a. M 76. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) U.S.A. Baltimore County, Puerto Rico WIDOWED DIVORCED CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Rossville Franklin Square Hospital Construction Worker OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 1426 Livingston St. 18015 Northampton Bethlehem YES X Pa. NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Madera Madera Damasa Antonio 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 153-40-2508 Ellen J. Madera, Same as 13e No APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Asphyxia IMMEDIATE CAUSE (a)-DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which Mechanical Compression gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? MENT OF TO BURI YES X NO [210. EXTERNAL CAUSE WAS 216. TIME OF INJURY APPLOX. 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2 UNDERLYING XXOR HOUR A.M. MONTH DAY YEAR DEPARTA 1 PRIOR 1 & 25xx 10-6 subject buried under sand CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY SATHOME. II LOCATION WHILE XX NOT WHILE work site rear of 5900 blk. Schering Rd., Parkville, Balto. Co., Md. Autopsy X 220. I certify that I took charge of the remains pescribed above, held an Inspection death resulted from Suicide Hamicide L. Undetermined manner Assistant MEDICAL EXAMINER 10-8-86 GE 4 SHO FUNERAL TER DEATH EXAMINER'S NAME Dennis F. Smyth, M.D. ADDRESS 111 Penn St., Balto., Md. 30. BURIAL, CREMATION, REMOVAL 1236 DATE 23c. NAME OF CEMETERY OR CREMATORY Allentown. Cedar Hill Memorial 10-10-86 Burial 24 FUNERAL DIRECTOR 750. DATE REC'D. BY REGISTRAR 734 REDISTRAR'S SIGNATURE Leonard J. Ruck, Inc.,5305 Harford Rd., Balto. OCT (VR A15 ME (5))

60 413-19 Tourney Determine X 1925 Livington St. 1801 F TELLINE THE SHOPE IN MARKET SECTION AND . widing the street later than a street in the street in t becomes it. But, Inc., To large st., labor. Col.

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| 00-22352 | 1 | FOR STATE REGISTRAR | | DEPARTI | | EALTH AND MENTAL HYO ICATE OF DEATH | GIENE | REG. NO. | 7 | 646 | |
| | | CEASED NAME FIRST | 1-1-1 | MIDDLE | - 1 | AST | 20 DATE OF D | DEATH MONTH | DAY YE | EAR 26 HOUR | |
| noy be page 3 | (,,,, | Edward E | . Malo | ne | | F 17 | Octo | ober 24 198 | 6 | 251 M | |
| moy ter d | 3. SE | X | 4 RACE | | 5. DATE C | | 6. AGE (IN YEA | RS LAST BIRTHDAY) | IF UNDER I | | |
| ge 4 ector | Mal | é | Caucasiar | ı | June 3 | 1897 | 89 | YRS | | DAYS HOURS MIN. | |
| of pod | 7a. B | IRTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF | WHAT COUNTRY? | 8. MARRIE | NEVER MARRIED | 9. BALTIMOR | ECITY OR COUN | | тн | |
| de de la contraction de la con | | sachusetts | USA | | WIDOWE | D DIVORCED | | e County | | MD. | |
| by the filled with | Rar | dallstown | Baltimore Baltimore | County Ger | ADDRESS) Peral H | HOME OR OTHER INSTITUTION DRESS) Pral Hospital | | CCUPATION OR MOST OF WORKING CTOP | LIFE) INDUS | IND OF BUSINESS OR STRY Lix Retired | |
| 24 hours filled in ould be | 13a. | AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR Yland Falting | VTY | 13c. CITY OR TOW Randallsto | N | 136 INSIDE CITY LIMITS? | 13. STREET AC | DORESS / ZIP CO | DE | 21133 | |
| MARYLAND 2120 ed within 24 hours ed within 24 hours enty? should be file examiner mail before | | ard Eugene Malone | MIDDLE | LAST | | 15. MOTHER'S MAIDEN NA Mollie Bergin | WE | MIDDLE | | LAST | |
| | | WAS DECEASED EVER IN U.S. AR | MED FORCES? | 166. SOCIAL SECU | IRITY NO. | 17 Mrs RMBessie Ma | lone | ADDRESS | | 21133 | |
| Baltimore, ysicion end a ypers. Poges I woll, | Yes | W 1 | E WAR OR DATES | 213-14-989 | 52A | 4800 Old Court | Rd. | Randalls | town | Maryland | |
| NG PHYSICIAN: The low requires that the death certificate attenting physicion. Iter this certificate has been signed by the oftending physic os the buriol-transit permit. Then please remove carbon paper hand Mental Hygiene prior to buriol, cremotion, or removal, sixed or frem 18 shows any injury, or other traumatic event, the | | Conditions, if ony, which gove rise to immediate couse (0), stating the | D BY: TE CAUSE (o) DUE TO, O | RAS A CONSEQUE | NCE OF | Lyocas | shoo | Jul gul | BETT! | PPROXIMATE INTERVAL WEEN ONSET AND DEATH | |
| DS, 201 M quires that signed by hen please to burial, at | z | PART 2 OTHER SIGNIFICANT | (c) | | | | | | | ART 1(0 | |
| L RECORD In hos been in permit. It is permit. It is prior to the prior to the prior to the permit in the prior to the pri | CERTIFICATION | 19a DATE OF OPERATION | 19b. COND | ITION FOR WHICH | ON FOR WHICH OPERATION WAS PERFORMED | | | 200. AUTOPSY? 200. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES NOT | | | |
| N. The hysicion. | ER - | 210. ACCIDENT WAS UNDERLYING | 216. TIME C | OF INJURY | | 21c. HOW INJURY OCCUR | Grand . | | YES B PART LOR PAI | NO [| |
| SICIAN BE Physical ph | | OR CONTRIBUTING CAUSE OF DEA | 3161 | M. MONTH DA | AY YEAR | | | | | | |
| G PHYSI cer this cer this cer the burn and Merical Merical Conference on the certification of | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE | | | 21f. LOCATION STREET | | CITY OR TOWN | COUN | ITY STATE | |
| or or se of the more | | 220 I certify that (I) (this hospi | tol) ottended th | e deceased from | | . 19 | , to | | . 19 | , that (I) (we) lost | |
| TTEN Portor TOR for u | | sow the deceased alive on above, (1) (we) (did) (did no | | | , on | d that in (my) (our) apinion | | on the date and h | | . , , , , | |
| SPITAL OR A SPITAL OR A SPITAL OR A SPITAL OR A SPITAL DIRECT PRECED TO SPITAL | | - COLL 2 | -1 | Seg 0 | | ATTENDING PHYSICIAN [| MEDICAL DIRECTOR | STAFF PHYSICIAN S | 22c. [| DATE SIGNED | |
| TO HOSPITAL TO FUNERAL Should be def with the State | | HAFFEZ | A | SYEI |) m | PALTIM | ORE | COUN | TY | GEN HOP | |
| | | BURIAL, CREMATION, REMOVAL | | 100 mm | | METERY OR CREMATORY | 23d LOCATI | ON | COUNTY | STATE | |
| BP | | | 10-28-86 | | | Cemetery | Randall | | | Maryland | |
| DHMH - 16 60M 7/84 (VRA 15, 4) | | UNERAL DIRECTOR LOTING F | | | | 25a. DA1 | UCT 27 | SISTRAR 256 REGI | STRAR'S SłO | NATURE | |

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| 1896 | 1- | FOR STATE REGISTRAR | | | DEPARTN | NENT OF H | OF MARYLA EALTH AND A ICATE OF D | MENTAL HYG | | . NO. | 276 | 547 |
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| | | OR PRINTI | FIRST | | MIDDLE | | AST | | 20. DATE OF DEATH | MONTH | DAY YEA | R 2b. HOUR |
| death death | 1 | ON TRIVITY | HIL | .DA | E. | M/ | MIERI | | | 10 | 19 8 | 6 2:4 |
| ter d | 3. SEX | K | | 4 RACE | | 5. DATE C | | VEAR | 6 AGE (IN YEARS LAS | BIRTHDAY | MONTHS DA | |
| ecto Jrs pl | 1 | Female | | Cauc | · | 05 | 17 | 1974 | 72 | YR | RS | |
| 34 | 70. BI | RTHPLACE (STATE OR E COUNTRY) Md. | OREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8. MARRIEI WIDOWE | NEVER A | VORCED | Baltimore cit | | | 1 |
| 36 | L | TOWSON, | MD | GREATE | HOSPITAL, NURSIN THEACILITY, GIVE STREET A R BALTIN | MORE | | | 120 USUAL OCCUP ITYPE OF WORK EOR MO | | G LIFE) INDUST | ID OF BUSINESS |
| 35 | 13a. S | AL RESIDENCE (1E NURS STATE Md. | 136 COUI | | 13c CITY OR TOW Balto. | | 13d INSIDE C | NO X | 130.STREET ADDRES | s / zip o neda | ale Dr | . 2123 |
| 130 | 1/ | George | | Gray | LAST | | Floa | | Elliott | | | LAST |
| dico/ | | VAS DECEASED EVER | | WE WAR OR DATES) | 166 SOCIAL SECU | | 17 INFORMA | INT | AD | DRESS | | 431-75 |
| X | | No | | - | 212-07- | 0363 | Dr. | Frank | V. Mani | eri, | | same ac |
| int Then please | CERTIFICATION | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11/0 COPD - CORONARY INSUFFICIENCY 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED | | | | | | | | | | |
| o Swso | TERC | | | | | | | | YES TO NOT | IN CE | RTIFYING CAU | ISES OF DEATH? |
| Mentol Hygier | MEDICAL CER | 21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI | AUSE OF DE | ATH HOUR A. | M. MONTH DA | YEAR | 211 LOCATIO | | ED (ENIER NATURE OF | NJURY IN ITEM | A 18 PARI I OR PARI | 2) |
| s morked p | ME | WHILE NOT WHAT WORK 220-1 certify that (I) | (thX XXX | (AT HOME STI | reet, Factory, Office, F | 10- | 19 19 19-86 | _, 19 | |)-189 | 9. 19 <u>86</u> | , that (I) (wX) |
| te Dept of h | | saw the deceased alive or OCTOBER 199 86 , and that in (my) (all opinion death occurred an the date and ha abave, (1) (ye) (did) (all opinion death occurred an the date and ha abave, (1) (ye) (did) (all opinion death occurred an the date and ha abave, (1) (ye) (did) (all opinion death occurred an the date and ha abave, (1) (ye) (did) (all opinion death occurred an the date and ha abave, (1) (ye) (did) (all opinion death occurred an the date and ha abave, (1) (ye) (did) (all opinion death occurred an the date and ha abave, (1) (ye) (did) (all opinion death occurred an the date and ha abave, (1) (ye) (did) (all opinion death occurred an the date and ha abave, (1) (ye) (did) (all opinion death occurred an the date and ha abave, (1) (ye) (did) (all opinion death occurred an the date and ha abave, (1) (ye) (did) (all opinion death occurred an the date and ha abave, (1) (ye) (did) (all opinion death occurred an the date and ha abave, (1) (ye) (did) (all opinion death occurred an the date and ha abave, (1) (ye) (did) (all opinion death occurred an the date and ha abave, (1) (ye) (did) (all opinion death occurred an the date and ha abave, (1) (ye) (did) (all opinion death occurred an the date and ha abave, (1) (ye) (did) (all opinion death occurred an the date and ha abave, (1) (ye) (did) (all opinion death occurred an the date and ha abave, (1) (ye) (did) (all opinion death occurred an the date and ha abave, (1) (ye) (did) (all opinion death occurred an the date and ha abave, (1) (ye) (did) (all opinion death occurred an the date and ha abave, (1) (ye) (did) (all opinion death occurred an the date and ha abave, (1) (ye) (did) (all opinion death occurred an the date and ha abave, (1) (ye) (did) (all opinion death occurred an the date and ha abave, (1) (ye) (did) (all opinion death occurred an the date and ha abave, (1) (ye) (did) (all opinion death occurred an the date and ha abave, (1) (ye) (did) (all opinion death occurred an the date and ha abave, (1) (ye) (all opinion death occurred an the date and ha abave, (1) (y | | | | | | | | | 27c. D | ATE SIGNED -19-86 |
| should be de with the Stat | | DE PHYSICIAN'S NA | ORGE | DEEM | BEDON | | 22e ADDRES | 5 | ARLES ST | | | |
| 4,3 \$ | 1 | BURIAL, CREMATION, SPECIFY) Burial | REMOVAL | 23b. DATE 10/22 | | | emetery or o | morial | | 5., N | Id. COUNTY | STATI |
| - 16 60M 7/84 | 24 FU | Schimune! | c Fu | neral I | Home, In | C. | 117.4 | 25a DATI | REC'D. BY REGISTE | AR 256 REC | GISTRAP'S SIG | A PART OF |
| 16 4 | | 9705 Bal | ir ' | Boad I | 3 a 1 + ADDRESS | MA | 212 | 36 007 | 1 1 4 1QRG | 0.00 | 1. CO. C. | - |

W - 13

35-21-01

GEORGE BERNA BEDCH U707 W. CHARLES ST., TOWSON, MG. 2725H

TOWSON, ND GERTER DALTIMONE MERICAL DENTER LIES

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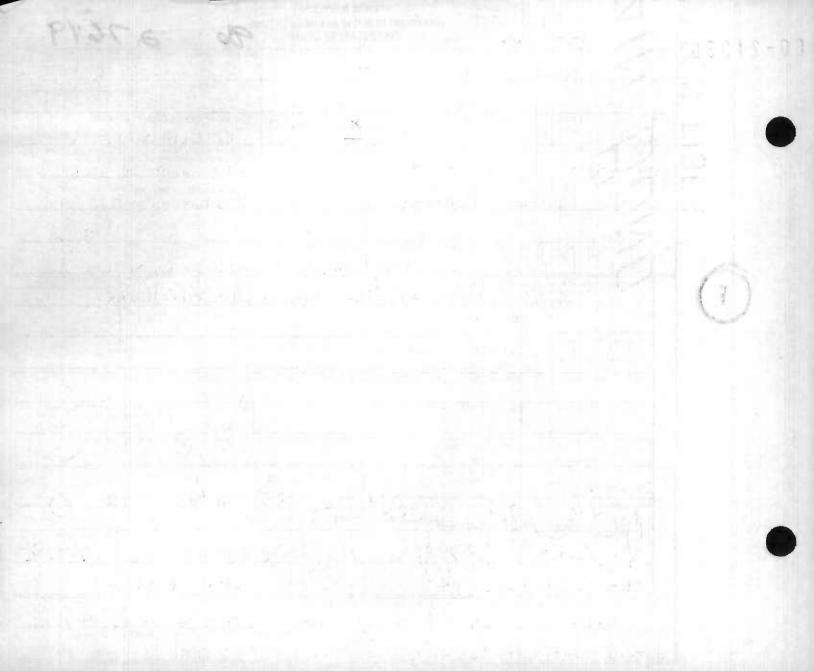
COPD - CORONARY INSUFFICIENCY

CARDIAC ARHYTHMIAS

| J | 0 | - | 2 | 1 | 9 | 3 | (|
|---|--|---|---|--|--|---|--|
| | DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMOKE, MARYLAND 21701 | | TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after early. Page 4 may be retained by the hospital or attending observing. | The state of the s | I/O FUNEXAL DIRECTION. After this certificate has been signed by the after the consistency in the first of the burial-transit permit. Then please remove the consistency are as the burial-transit permit. Then please remove the consistency are as the burial-transit permit. Then please remove the consistency are as the burial-transit permit. | with the State Dept. of Health and Mental Hygiene prior to burial, cremation, reminent. | INFORTANT II |

(VRA 15, 4)

| | | -1 | | | 0 | | | STAT | E OF MARYL | AND | | | | | | | |
|-----------------------|------------|-----|----------------|---|--------------------------|--|---|---------------------------|-----------------|---------------|-------------------------|--|---------------------|---------------------|--|--|--|
| | | 1 | 1 | CTATE | | lm G620 | DEPART | | | MENTAL HYG | IENE | | 11 | 110 | | | |
| 010 | 0.0 | П | 1.7 | REGISTRAR 11- | 3-86 | I.J. | | CERTIF | ICATE OF D | DEATH | TOO DEG | NO. | 16 | 170 | | | |
| 419 | 30 | | DEC | EASED NAME | FIRST | A | MIDDLE | Į. | AST | | 20. DATE OF DEATH | MONIH | DAY YEAR | 126 HOUR | | | |
| 9 m = | - 1 | м | | OR PRINT) | | | | 242 | DOTAL | | | 10 | 20 86 | 0.157 | | | |
| oy be | | | | | EDWARD | | <u>C.</u> | | RTIN | | | 10 | 20 86 | 8:15A. _M | | | |
| 8 | | | 3 SEX | | 100 | 4. RACE | | 5. DATE C | | YEAR | 6. AGE (IN YEARS LAST | BIRTHDAY | MONTHS DAYS | HOURS MIN. | | | |
| ge 4 | | | | Male | | Wh | nite | 4 | 20 | 24 | 62 | YRS | | | | | |
| Par de | ing | 1 | BIF | THPLACE (STATE OR F | OREIGN | Th CITIZEN OF | WHAT COUNTRY | 8 | | | 9 BALTIMORE CITY | | | | | | |
| ah. | | L | | OUNTRY) | | II C | 7) | | D NEVER | WORCED | Baltimore County | | | | | | |
| A not | 5 | - | | aryland Y OR TOWN OF DEA | TH | U.S. | HOSPITAL, NURSI | WIDOWE NG HOME C | | | 12a USUAL OCCUPA | | | OF BUSINESS OR | | | |
| a the | A. | ~ | | | | (IF NOT IN SUC | H FACILITY, GIVE STREE | TADDRESS) | | 111011011 | TYPE OF WORK FOR MOS | | | | | | |
| by the | (a) | 4 | | atonsville | | | Garden Ri | | oad | Paint Fo | rmulat | or Pa | unt | | | | |
| hour d | q | 10 | USUA 13a. S | L RESIDENCE (IF NURS | 136 COUN | | GIVE RESIDENCE BEFOR | | 1134 INSIDE C | ITY HANTS? | 13e.STREET ADDRES | S / 7IP CO | DE | | | | |
| 24 h | 2 | 100 | Ma | ryland | Balti | | Catonsy | | YES 🗍 | NOX | 55 Garde | | | 21228 | | | |
| thin rely 2 she | Section 5 | | | THER'S NAME | Durt | LINOLO | 1110 | 15. MOTHER'S | S MAIDEN NAM | | 11.00 | AL TIOGGE | 2.12.20 | | | | |
| 3 000 | WE. | 0 | | FIRST | A | AIDDLE | LAST | | | FIRST | MIDDLE | | | AST | | | |
| e de | - š | 4 | | John VAS DECEASED EVER | 15 1 4 4 6 4 5 4 | | Martir | | 17 INFORMA | Clara | ADD | RESS | G1 | bson | | | |
| xec nd | dico | | | ES. NO OR UNKNOWN) | | WAR OR DATES | 166 SOCIAL SEC | URITY NO. | 17 INFORMA | ANI | ADL | KESS | | 21228 | | | |
| 0 | 11 | | | YES | W | V II | 216-14- | -4849 | Marga | aret A. | Martin 55 | Garde | en Ridge | Rd. | | | |
| . 2 9 0 | 1 | ı | | 18 CAUSE OF DEAT | H (Enter on) | v one couse par | line for (a), (b), a | nd Ici.1 | | \wedge | 1 A | | | XIMATE INTERVAL | | | |
| fico | 0 | | | PART I. DEATH W | AS CAUSED | BY: | TETANTA | nOH | DENT | A. OF | - UNKDOL | DD TR | MARY | | | | |
| E 2 2 2 | | | | IMMEDIATE CROSS (A) | | | | | | | | | | | | | |
| # | 0 | | | | | DUE TO, OI | R AS A CONSEOL | JENCE OF | | | | | | | | | |
| de de | rau | | | Conditions, if any, gave rise to imn | | (b)_ | | | | | | | | | | | |
| the the | e e | | - | couse (a), statin | g the | DUE TO, OI | R AS A CONSEOU | JENCE OF | | | | | | | | | |
| hot | 1,0 | | | underlying couse lost. | | | | | | | | | | | | | |
| ned ned | y, 0 | | | PART 2 OTHER SIGN | NIFICANT C | ONDITIONS CO | DITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM | | | | | RMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) | | | | | |
| sign sign | 10 10 | - 1 | ON | | | | | | | | | | | | | | |
| w re | 2 27 | 3 | CERTIFICATION | 19g DATE OF OPERAT | ION | 196 CONDI | TION FOR WHICH | H OPERATION WAS PERFORMED | | | 20g AUTOPSY? | ES, WERE FIND | INGS USED | | | | |
| as k | S O | 1 | F | | | | The condition of which | | | | | | TIFYING CAUSE | | | | |
| The cion | Sho - | 4 | RT | 71a. ACCIDENT WAS UNE | SERVING [| 21b. TIME O | E INTUIDY | | Tal. HOW IN | LILIBY OCCUP | YES NO | | YES 🗌 | NO 🗌 | | | |
| hys hys | H ® | | _ | OR CONTRIBUTING | | | M. MONTH D | AY YEAR | ZIC HOW IN | JURY OCCUR | RED (ENTER NATURE OF IT | JURY IN ITEM I | 8 PART I OR PART ?) | | | | |
| S P P | te m | 1 | CAL | (IF EITHER NOTIFY MEDI | | | M. | 19 | | | | | | | | | |
| HYS India | Or to | П | MEDICAL | 214 INJURY OCCURE | RED | 21e. PLACE | | | 211 LOCATIO | | CITY OR | 10WN | COUNTY | STATE | | | |
| G P | ouo | 1 | 2 | WHILE DISTOR | # D | (AT HOME, SIR | REET, FACTORY, OFFICE. | FARM, EIC) | SINCE | | - 1 | | | - | | | |
| Aft | t t | П | | 27s Cortify that Is | Ithia beanit | of mandated the | viscented from | 014 | | 10 80 | 10/0 | 0 | 1000 | that (I) (we) last | | | |
| EN OR | H | П | | Altre the distracti | d after on | 07/19 | 10 | 80 | nd that in (my) | Jour) pointer | death occurred on the | date and h | nu and from th | | | | |
| Spirit CTC | 0 | н | | (above (1) (we) its | fice (did not | free the blody. | after death. | 1 | | Joor, opinion | dediti occorred on me | dote ond it | | | | | |
| DR ho | Oep | -1 | | 23 SALVATHUE | T | N - (| A-ti | 1 | DEGREE | ATTENIO II ŠO | f uspicu | | 22c DAT | E SIGNED | | | |
| AL AL | te | -1 | | 100 | M | HXX | MAXIM | Ms_ | KID, | PHYSICIAN . | MEDICAL S' | SICIAN | 10 | 13018D | | | |
| SPIT LER | Store | | | 274. PHYSICANI'S NA | AME ITHE O | (relia) | 1111 | | 22e ADDRES | SS | | | , | | | | |
| HO PE | ORT | н | | Diana H. | Grift | fiths | W | | St. | Agnes | Hospital | Onco | logy | | | | |
| 5 5 5 | With Diff | Н | 22. 0 | and the second second second second | ment i Habitation in the | THE REAL PROPERTY AND ADDRESS OF THE PARTY AND | Lan | NIAME OF C | | | 1234 LOCATION | 01100 | - 21 | | | | |
| - | | | 23a B | URIAL, CREMATION, | KEMOVAL | 23b. DATE | | | EMETERY OR | | CITY OR TOWN | | COUNTY | STATE | | | |
| BP | | | | Buria | 1 | 10/23 | 3/86 N | leadow | ridge M | lem. Pk. | Elkridg | e Hoy | ward Ma | aryland | | | |
| DHMH - 16 | 60M 7/84 | | 24 FL | NERAL DIRECTOR | | | ADDRESS | | 229 | 250 DAT | E REC'D. BY REGISTR. | AR 256 REGI | ISTRAR'S SIGNA | TURE | | | |
| A/PA 1 | 000 - 0 11 | | | | | | | | | | T 0 0 400/ | | 40 | I and alle | | | |



DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

MARYLAND 250 DATE REC D. BY REGISTRAR 250 REG

2h HOUR

176 KIND OF BUSINESS OR

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IF UNDER TYEAR

INDUSTRY

Martin

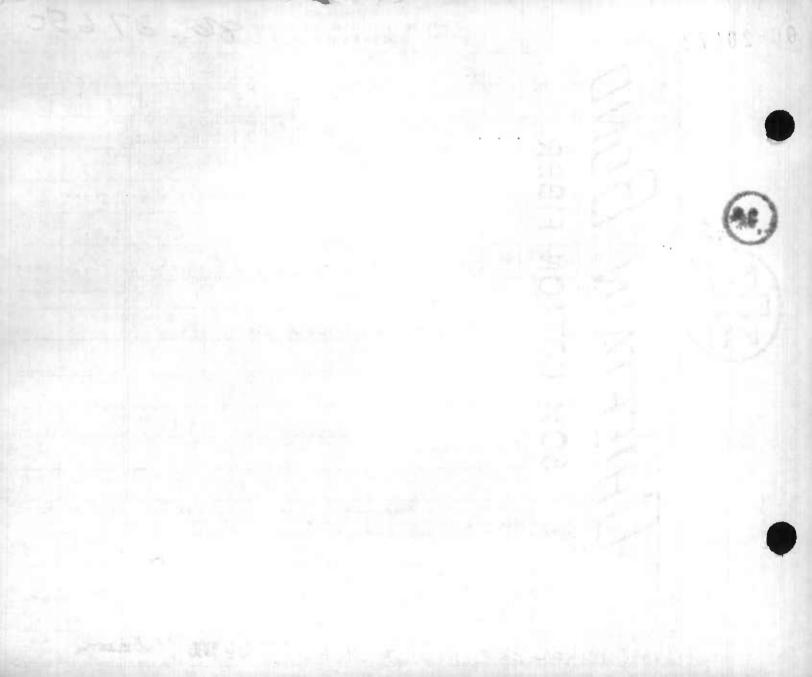
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22c DATE SIGNED

10-8-86

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9:00A M



DHMH - 16 60M 7/84 (VRA 15, 4)

ConnellyFuneralHome 300MaceAve. 21221

(VRA 15, 4)

1112-00

| | | | 1 tem # 5, F1 | Im G 62 | 21. 11.3.8 | 36.1.J. | SIAI | E OF MARYLAND | | | | |
|--------------|-------|---------|---|--------------|-----------------------------------|-----------------------------------|-----------------|------------------------------------|---------------------------|-----------------|---------------------------|---------------------------------------|
| 2265 | G. | 1 - | FOR STATE REGISTRAR | | | DEPAR | | EALTH AND MENTAL HYGICATE OF DEATH | GIENE 8 O | O. " | 1 0 |) 3 3 |
| | , , | | CEASED NAME | FIRST | | MIDDLE | t. | ASI | 20 DATE OF DEATH | MONTH | DAY YEAR | 2b. HOUR |
| poge 3 | | 11111 | | NALD | War | d | М | AYBORN | | | 25 86 | 6 3:51 W |
| frer p | | 3. SE | | | 4. RACE | | 5. DATE C | | & AGE (IN YEARS LAST BIR | THDAY) | MONTHS DAYS | |
| ors o | 0.0 | | Male | | Whi | | 9 | 19 08- | 80 | YRS. | | |
| P P P | イク | 7a. BI | RTHPLACE (STATE OR | FOREIGN | 76. CITIZEN OF | | Y? 8. MARRIE | D NEVER MARRIED | 9 BALTIMORE CITY C | R COUNTY | Y OF DEATH | |
| | 2 | | ndiana | | U.S | | WIDOWE | DNORCED | BALTIMOR | | | MD. |
| 12 | -/ | 10 C | TY OR TOWN OF DEA | ATH | | H FACILITY, GIVE STR | EET ADDRESS) | OR OTHER INSTITUTION | 12a. USUAL OCCUPAT | | 126 KIND (FE) INDUSTRY | OF BUSINESS OR |
| | 0 | | TOWSON | | GBMC-6 | 701 NO | . CHA | RLES STREET | President | | Corne | co, Inc. |
| 1 | 5 | 13a : | AL RESIDENCE IN NURS STATE Id. | 13b COUN | OTHER INSTITUTION, ITY Lto. | 136 CITY OR TO Balto. | ORE ADMISSION) | 13d. INSIDE CITY LIMITS? YES MO | 1302 W. L | ZIP CODE | ve. 21 | 1210 |
| X | 2 | 14. F/ | ATHER'S NAME | | MIDDLE | LAST | | 15. MOTHER'S MAIDEN NA | WE | | | 467 |
| N. | 20 | | Ward | | MIDDLE | May | born | Nellie | WIDDLE | | Welt | - Eon |
| | 8 / | 16a V | VAS DECEASED EVER | IN U.S. AR | MED FORCES? | 166 SOCIAL SE | CURITY NO. | 17. INFORMANT | ADDR | ESS | | |
| 8 | 1 | , | YES, NO OR UNKNOWN) | 42-46 | E WAR OR DATES) | 088-01 | -5029 | Mr. Robert H | B. Lucas Sa | ame as | s 13e | |
| Ŧ. | | | 18 CAUSE OF DEAT | H (Enter on | ly one couse per | line for (o), (b), | ond (c),) | | | | APPRO BETWEET | OXIMATE INTERVAL N ONSET AND DEATH |
| 0000 | | | PART I. DEATH W | | D BY. E CAUSE (a) | | | SEPTIC SH | IOCK | | | |
| 1 | Y . | | 177 | | DUF TO O | R AS A CONSEC | UENCE OF | OLI IIO ON | NOOK . | | | |
| 100 | | 100 | Conditions, if any | | ((b)_ | | | | | | | |
| 0.00 | dimin | | gove rise to im- couse (a), statin underlying couse | ng the | DUE TO, O | R AS A CONSEC | DUENCE OF | | | | 1 6 | |
| The party of | 0 | | PART 2 OTHER SIGN | NIFICANTO | ONDITIONS CO | ONTRIBUTING T | O DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIV | VEN IN PART I | lio |
| 200 | | TION | | | MYOC | ARDIAL | INFA | RCTION | | | | |
| E 6 5 | 9 | 9CA | 19a DATE OF OPERA | TION | 196 COND | ITION FOR WHI | CH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES | S, WERE FIND | DINGS USED ES OF DEATH? |
| 0.00 | 1 | CERTIF | | | | | | | YES NO | | ES 🗌 | NO [] |
| 1 1 | 9 | 193 | 210. ACCIDENT WAS UNI | | 110110 | FINJURY M. MONTH | DAY YEAR | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJU | RY IN ITEM 18 F | PART I OR PART 2) | |
| | / | MEDICAL | (IF EITHER NOTIFY MEDI | CAL EXAMINER |) P. | | 19 | | | | 1-1-1 | |
| a puo | 0 | WED | WHILE NOT WE AT WORK | | 21e. PLACE | OF INJURY BEET, FACTORY, OFFIC | E, FARM, ETC) | ZII LOCATION | CITY OR TO | wN | COUNTY | STATE |
| 440 | DO . | | 220 I certify that (I) | | tolk ottended the | e deceased from | 7 0 | CT 10 86 | 25 | OCT | 19.86 | that (I) (we) last |
| 2 H 1 | | 000 | saw the decease | | | | | d that in (my) (our) opinion | | | | |
| 5.1 | | | 22b. Shan ATLINE | Aid (did not | ti view the body | affer deoth | | DEGREE | | The same of | | TE SIGNED |
| 0 : | | 9 | XXX | PENNY / | | | | ATTENDING | MEDICAL STA | FF A | 10/= | 20/56 |
| 0.5 | 7 | | 22d PHYSICIAN'S N | AME (TYPE OF | R PRINT) | | | 22e ADDRESS | DIRECTOR PHYSIC | TAMAI | 110/2 | -21 00 |
| # # | 5 / | | S. GL | ASSC | AC | | | 00440 | COOA NO | 0111 | DI 50 | |
| 4 3 3 | 1 | 23o E | BURIAL, CREMATION, | REMOVAL | 23b. DATE | 73 | . NAME OF C | GBMC- | 6701 NO. | CHA | RLES S | 51. |
| | | | SPEC "Crematio | on | 10/27/ | 86 | | Lew Cemetery | Balto | | Balto. | Md. |
| | | | JNERAL DIRECTOR | | | - 1 | | | E REC'D. BY REGISTRAR | | | |
| 60M 7 | /B4 | Ruc | k Towsen 1 | Funera | 1 Home, | Inc. ADDRES | 1050 | | | | wason-h | |
| - | | | | | | | | 001 | 2 0000 ,7 | | | |

DOWNLOLD SEEL OF THE PROPERTY 100 PT F 232m VT WUCO ESONITALS E. TOWARDS STREET Prosted Corner, Inc. 1225. Alco. x 1216 v. 21210 elto es 4:-45 1. oct. . nes not us e - 200to 01T998 - -A THE RESTORATION OF THE RESTORA COMO- 0700 NO. DEARLES ST.

1/7/ etc. 1/27/

Luck Torson Equated one, Inc. 10m of are. Well at the second

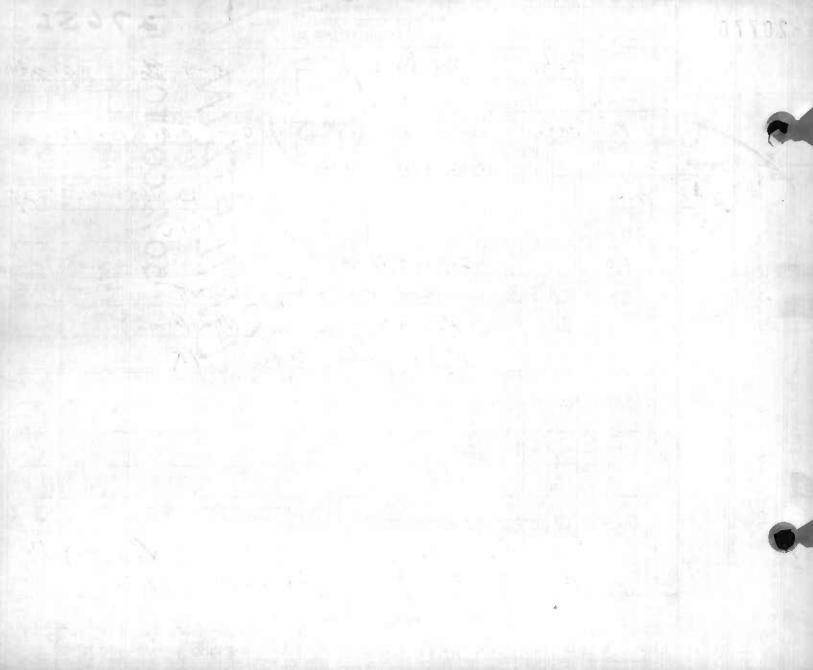
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| | 1 | FOR | | | DEP | | E OF MARYLAND EALTH AND MENT | AL HYGI | FNF . | | | - Commence of the commence of |
|--|-----|--|-----------------------------------|----------------------|--|-----------------------------|---------------------------------|------------|--|---------------|---|---|
| | | - STATE REGISTRAR | | | 02.1 | | ICATE OF DEAT | | 8 O REG. N | 2 | 10 | 2 7 |
| 62 | | DECEASED NAME | 1981 | - | WIDDLE | 11111 | 457 | | AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED I | MONTH | DAY TEAR | 76 HOUR |
| | 1 | Da | rwin 1 | H. McC | racker | n | | | Octobe | r 11 1 | 986 | 0600m |
| è | - 3 | SEX | | 4. RACE | -1335 | 5. DATE 0 | DAY W | IAR I | LAGE INTERESTALL | ethpay] | WINDER I YEAR | |
| | - | Male | | Caucasi | an | May | 31 1924 | 77.5 | 62 | Y95 | | |
| 3 | 9 | Maryland | K TORLION | USA | WHAT COUN | TRY? B. MARRIE WIDOWI | | | Baltimore C | | TY OF DEATH | MD |
| 1 | 0 | Randallistown | EATH | I W HOT INSUC | HOSPITAL, NU MERCHITY, GMET METOFT R | LIBERT ADDRESS) | OR OTHER INSTITUTION | ON | Ret - Disabl | OF WORKING | LET INDUSTRY | nite Trans. |
| 1 | 14 | MALHESIDENCE IF NO. | HIS COUNT OF BALLIS | ITY | 13s: CITY OR | HOWN ADMISSION ALLSTOWN | YES NO | | 3810 Elmero | | | 21/33 |
| | 1 | Derwin H. Mo | | | Lkdr | | 15. MOTHER'S MAIN | Emma | Dorse | | 19 | AST |
| E 6 | 10 | WAS DECEASED EVE | R IN U.S. AR | MED FORCES? | 100000000000000000000000000000000000000 | SECURITY NO. | 2 3 5 5 7 4 7 G 4 5 0 H 1 | | McCracken ADDR | ESS. | | 21133 |
| 1/ | | Yes | WW 2 | C.10110 A.11 C.10110 | 213-2 | 0-4998 | 3810 Elm | croft | Rd. I | andal' | lstown | Maryland |
| en please remove co burial, cremation, s ury, or other bauma | | The state of the s | nimediate ting the se lost. | DUE TO, OF | R AS A CONS | EQUENCE OF | NOT RELATED TO TH | HE TERMIN | NAL DISEASE OR CON | NDITION G | GIVEN IN PART I | tgi' |
| 0 40 140 | 2 | 14e DATE OF OPER | ATION | 19E COND | ITION FOR W | HICH OPERATIO | IN WAS PERFORMED |) | 10k AUTOPSY7 | IN CER | YES, WERE FIND TIFYING CAUSE YES [] | |
| almens at Hyp | P | 21s ACCIDENT WAS IN | CAUSE OF DEA | HOUR A. | M. MONTH | DAY YEAR | 214. HOW INJURY | OCCURRE | D (ENTER HATURE OF INT | AT SHITE OF | 6 PART I OR PART II | |
| and Me | | 214 INJURY OCCU | | 21e. PLACE | OF INJURY | IDCE FARM, ETC.) | 711 LOCATION | | OFFICE | Own | country | STATE |
| of Health | 4 | 22s.1 certify that saw the dece above, (I) (we | need alive on | | 1110 | | nd that in (my) (our) | opinion de | noth accurred on the c | (() | our and from th | , that (b (we) last w couses stated |
| letuched ste Dept. T. Il Nem | | 776 SIGNATURE | ONDE | leger | wn. | | DEGREE ATTEN PHYSI | DING X | MEDICAL STA | UF CIAN [] | 27L DAT | 11/84 |
| O FUNERA mould be di diff the Stor | 1 | 224. PHYSICIAN'S | Lo | U4CD (| BERLE | emy | 8501 | C | INERTY RO | B: | 100/ | UD 2120) |
| 2)37 | 2: | Burial, CREMATION | N, REMOVAL | | | | EMETERY OR CREMA | ATORY | 23d. LOCATION CITY OR TOWN | | COUNTY | STATE |
| | 2. | FUNERAL DIRECTOR | Lowles | 10-13-8 | | | w Crematory | 25a DATE | Catonsvill REC'D. 8Y REGISTRAI | | | Maryland |
| - 16 60M 7/8- RA 15, 4) | 4 | 8728 Liberty | _ | - | ADDS | 22.20 | | OCT | | | widon-i | |

| | - 1 | FOR | | | DEPAR | | E OF MARYLAND EALTH AND MENTAL HY | CIENE | , ~ | 7 6 | |
|---|------|---|---------------|--------------------|----------------------|---------------|--------------------------------------|-------------------|----------------------------------|-------------------|----------------------------------|
| -21096 | | - STATE REGISTRAR | | | DUAN | | ICATE OF DEATH | 0 | REG. NO. | | w w |
| . 21030 | | DECEASED NAME | FIRST | A | AIDDLE | l | AST | 2a. DATE OF D | EATH MONTH | DAY YEAR | 26. HOUR |
| e o b e | 1 | Benjamin | | Fra | anklin | M | cCauley | Octo | ober 14, | 1986 | 530am |
| moy b poge | 3. | SEX | | 4 RACE | | 5. DATE C | F BIRTH | 6. AGE (IN YEAR | | IF UNDER I YEAR | IF UNDER 24 HRS |
| ge 4 ector | | Male | | Whit | te | MONTH 0 | 3/26/15 YEAR | 71 | YRS | MONTHS DAYS | HOURS MIN. |
| 2 42 0 | 70 | BIRTHPLACE (STATE OR FO | DREIGN | 76. CITIZEN OF V | WHAT COUNTRY | ? 8 | NEVER MARRIED | 9 BALTIMORE | CITY OR COUNT | Y OF DEATH | |
| | 2 | Maryland | 223 | U.S | .A. | WIDOWE | | | imore | (N | MD. |
| Ville | A 10 | CITY OR TOWN OF DEA | TH | | HOSPITAL, NURS | | R OTHER INSTITUTION | 12a USUAL OC | CUPATION IR MOST OF WORKING L | | F BUSINESS OR |
| P - 1300 | 1 | Reistersto | own | | Cockey | | Rd. | | fitter. | | h Steel |
| 6 53 2 | 4 | SUAL RESIDENCE (IF NURSI | NG HOME OF | OTHER INSTITUTION, | | RE ADMISSION) | | | | | |
| 7 100 | 5 | Md | | altimor | | tersto | WITS NO NO (| | ORESS / ZIP COD Cockeysmi | | 21136 |
| 1 11 | 120 | FATHER'S NAME | | | NOW HALE | | 15. MOTHER'S MAIDEN N | IAME | - | | |
| + 110 | 0 | Benjamin l | | lev | LAST | | Mary El | len Uhle | AIDDLE | LAST | • |
| 7 9 9 | / 16 | WAS DECEASED EVER I | N U.S. AR | MED FORCES? | 166 SOCIAL SEC | URITY NO. | 17. INFORMANT | | AD800 Coc | kevsmil | 1 Rd. |
| and one | | (YES, NO OR UNKNOWN) | (IF YES, GIVE | WAR OR DATES) | 217-14 | -5223 | Cora T. McC | aulev | | stown M | |
| e be | | | 1.5 | | | | COLU I. NOC | durcy | RCIBCCI | | MATE INTERVAL ONSET AND DEATH |
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| 34 95 W | | | | 110110 4 | M. MONTH | DAY YEAR | THE TIO W WAJORT OCCU | TENTER NATUR | E OF INJURY IN ITEM 18 | PART I OR PART 2) | |
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| るる 幸の者 直 | | 220.1 certify that (1) | | al) attended the | deceased from | 0- | C- 10 C | 5 10 10 | -14- | 10 8/2 | that (1) (we) last |
| Na San | | sow the decease | d alive an | | 10 | 1 | d that in (my) (aur) opinio | | | 9- | |
| 4 9 11 2 1 | | abave, (1) (well the 22b. SIGNATURE | di (did nat | view the body | after death. | | DEGREE | - | | | |
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| 型型·日本大量F | 23 | BURIAL, CREMATION, F | REMOVAL | 236. DATE | 16 /96 230 | NAME OF C | EWELEN GENTLE | CE34 LOKATO | Sterstown | n, Balti | more, MD |
| BP | | Burial | | 10/ | 10/00 | VET2 | O.P. CHALOI | entor | rown = = - · · · | CONNIA | STATE |
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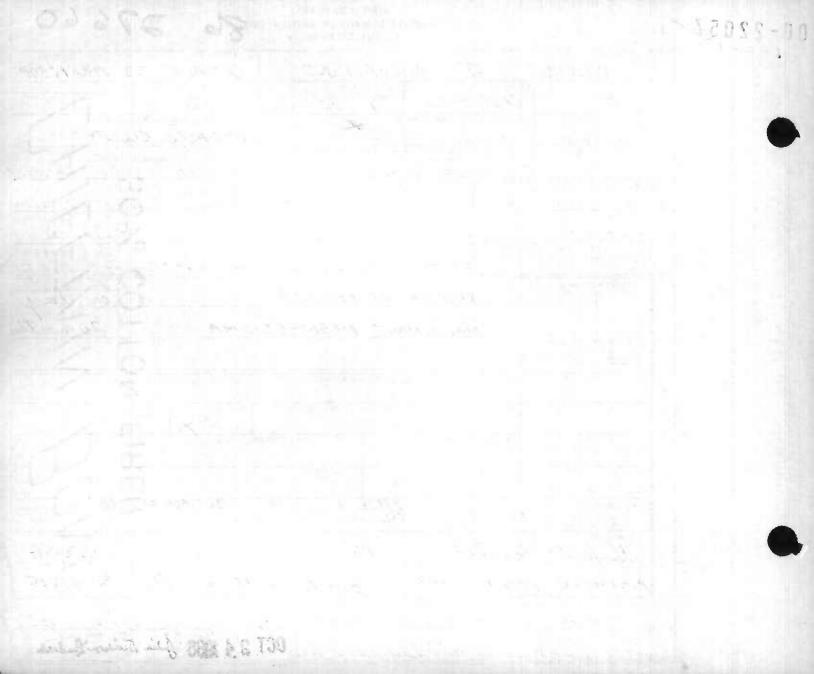
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| | 6 | | OUNTRY BULL MO | VIDII | MARRIED NI | DIVORCED | BALTIMO | RE COUNTY MD. |
| 3 | 8 | 01 | NINGS MILLS | (IF NOT IN SUCH ACTUITY, GIVE ST | reet ADDRESS) Cen | IN TW | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING DISABLED | |
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| be come | 2 | | | GIVE WAR OR DATES) 219-6 | 1/011 | ART T | UER 504 | S. KENWOOD AVE. |
| N ST, BA certificat ing physical changed in semicol it removal | | | PART I. DEATH WAS CAUS | ATE CAUSE (0) | dio Leager | Latory | arrest | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| NESTO for others for others or marken, or or traument | | | Canditians, if any, which gave rise to immediate cause to, stating the | (8) | sible go | reamonia | Hypothem | n' |
| 6, 201 W. one that I pred by I horiol, cri | | | underlying cause last. | DUE TO, OR AS ACONST | TO DEATH BUT NOT RE | Se z | MINAL DISEASE OR CONDITION O | GIVEN IN PART I a |
| L RECORD P law require P been to permit The man prior to many after the many and many after the many after the many after the prior to the prior | 9 | IFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WH | ICH OPERATION WAS I | PERFORMED | IN CER | YES, WERE FINDINGS USED RIFYING CAUSES OF DEATH? |
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| MVISION 4G PHYS other than on the than the the thoughthy when dis- | | MEDIC | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFI | 211. LO | CATION | CITY OR TOWN | COUNTY STATE |
| ATTENDE SON AL CTOR | | | saw the deceased alive a abave, (1) (we) (did) (did n | pital) attended the deceased from | | , 19, 19 | n death accurred an the date and h | , 19, that (I) (we) last haur and from the causes stated |
| FALOR SALDIN SAL | _ | | 226. SIGNATURE | a aign, in | DEGREE | | MEDICAL STAFF DIRECTOR PHYSICIAN | 10-9-86 |
| TO FUNE TO FUN | | | 22d PHYSICIAN'S NAME | J. QHIZON |) hip | Pos | ewood Ce | nter |
| BP | | /3n B | BURIAL BURIAL | 10-11-86 | MORIELAND | _ | CITY OR TOWN | BOLTO. CO. MO- |
| DHMH - 16 50M 1/81 (VRA 15, 4) | | | NERAL DIRECTOR NAME HAS. S. ZEIL | EA + SON INC. | GOIS.CONK | 1 | TE REC'D. BY REGISTRAR 256. REG | |

F OF 11 10W



(VRA 15, 4)

| 005.0 | 1 - | FOR STATE REGISTRAR | DEI | | ALTH AND MENTAL HYG CATE OF DEATH | 8 0 | 2765 | 28 |
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| 20516 | 1. DEC | CEASED NAME FIRST | HELEN C. | LAST | | REG. NO. | / . | HOUR 35 |
| moy b | 1.50 | Hele | 1. RACE | 5. DATE OF | BIRTH | 6. AGE (INYEARS LAST BIRTHE | | JNUER 24 HR |
| oge 4 | Zer-MI | emale ETHPLACE TUREOUGHEGN | 7b. CITIZEN OF WHAT COU | ITDV2 9 | 28 30 | 9 BALTIMORE CITY OR | YRS. | JURS MH |
| Seath. B | Ma | ryland | U.S.A. | MARRIED WIDOWED | | Balt | morecou | inty |
| S Coffee | B | attimore. | 11. NAME OF HOSPITAL, N (IF NOT INSUCH FACILITY, GIVE ST. (OSC) | | ital | 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W | | |
| 24 hours | USU. | AL RESIDENCE (IF NURSING HOME OF | NTY 13c. CITY OF | RTOWN II | 34. INSIDE CITY LIMITS? | 13e STREET ADDRESS / Z | ZIP CODE | |
| within 1 | 14. F.A | THER'S NAME FIRST | imore Timo | 1110011 | YES NO S. MOTHER'S MAIDEN NA | ME MIDDLE | LAST | 2109 |
| conted | 16a V | VAS DECEASED EVER IN U.S. AF | RMED FORCES? 166 SOCIA | ters | Adeline 7 INFORMANT | S. ADDRESS | Busi | ck |
| be exe | 1 | (IF YES, GI | VE WAR OR DATES) 218-0 | 15-0143 | Clyde McMill | an - same as | | |
| physic physic magnetic present, th | 3 | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA | nly one couse per line for (o), ED BY. (TE CAUSE (o) | t Celo C | Car Canada | the lu | APPROXIMATE BETWEEN ONSE | |
| oth cer ending confid n, ar motic | | | DUE TO, OR AS A CON | SEOUENCE OF | V | | + | |
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| | 0 1 0 | | | CEASED NAME | FIRST | ٨ | AIDDLE | | AST | | 20. DATE OF | | MONTH | DAY | YEAR | 2b HOUR |
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| cate | | 8 2 | CER | 210. ACCIDENT WAS UN | | 21b. TIME OF | | NAV VEAR | 21c. HOW INJUR | RY OCCURRED | | | | | ART 2) | |
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| SIC SIC | Me | or H | MEDICAL | 21d. INJURY OCCUR | | 21e. PLACE C | OF INJURY | | 211 LOCATION | | | | | | - | |
| er t | ond | ked | 2 | WHILE NOT W | HILE | (AT HOME STRE | ET, FACTORY, OFFICE | FARM, ETC) | STREET | | | CITY OR TOV | WN | cou | NIA | STATE |
| 5 | Aft ofth | mor | | 22a.l certify that (I | | 1) attended the | deserved from | O | execut. | 10 8% | | ct 1 | 7 | 10 80 | - | |
| O. S | f He | 2) 15 | | saw the deceas | ed alive an | Oct | 2 10 | - | d that in (my) (our | ir) apinian dec | , 10 | - | | | | at (I) (we) last |
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| | FUNERAL old be det | Ž - | | 100 | ny | MY | 000 | n | PHY: | | DIRECTOR | | | 1 | 0/1 | 4/86 |
| | d be | KIA | | 22d PHYSICIAN'S N | AME (TYPE OR F | PRINT) | | Marin . | 22e ADDRESS | | | | | 7. | 1 | |
| | should b | MPORIAN | | RICHY | 420 | NOG | 2A | | UNIV. | DE MY | ARYU | AND) | CAN | CER | CE | NOER |
| | - v 5 ; | | 23a. B | URIAL, CREMATION, | REMOVAL | 23b. DATE | 23с. | NAME OF C | METERY OR CREA | MATORY | 23d LOCAT | | | | | |
| P_ | | | (| Remova | 1 | 10-12- | -86 | | | | CITYO | RTOWN | | COUNTY | | STATE |
| | 16 50M 1/8 | ВІ | 24 FL | INERAL DIRECTOR | | | | LI SAN | | 250 DATE R | EC'D. BY RE | GISTRAR 2 | 25b. REGIS | TRAR'S SI | GNATU | RE |
| | A 15, 4) | | 1 | | natomy | Board | ADDRESS | Ralto | ., Md. | 10012 | 32 198 | 36 | since Du | | Dance | delle |
| | | | | *** | Jiny | Journ | | Date | · · · · · | | | | | | | |

| 96 1- FOR REGISTRAR | | | DEPARTMENT C | FHEALTH | | 6.3 | ch ch | 2 / EG. NO. | 00 | 2 |
|---|---|---|--|----------------------------|---------------------------------------|----------------------------|---------------------------------|-----------------|--------------------------------------|--------------|
| 1. DECEASED NA/ | Mable | Ei. | MIDDLE leen | Mike | LAST | | | WN MONTH | 28'1986 | |
| Female | A RACE White | 5 DATE OF BIRTH | YEAR 6. AGE (1917 69 | YEARS IF UN HDAY) MONTH | DER 1 YR. IF UN | | DATE ONOUNCED DEAD | HYMON 10 | 28 1986 | 26. HOUR |
| Ja. BIRTHPLACE FOREIGN COUNTRY West Vi | 1) | U.S.A. | | 8 MARRI WIDOW | ED NEVER M | ARRIED . | | ce Count | ty, | MD. |
| Dundalk | | 70 N. Du | PITAL, NURSING HO CILITY, GIVE STREET ADDRE INDALK AVE | nue 21 | | FOR MOS | L OCCUPATIONS OF WORKING LITESS | N (TYPE OF WORK | 126 KIND OF E OR INDUS Restaur | TRY |
| USUAL RESIDENCE 130 STATE Maryland | E (IF IN NURSING HOME O 13b. COUN Balt | or other institution, giv ity imore | 136. CITY OR TOWN Dundalk | N(5510N) | 13d. INSIDE CITY LIMI YES . NO | 159 13e. STREET | t address • Dunda | alk Ave | nue 2122 | 22 |
| 14 FATHER'S NAV | AE SED EVER IN U.S. AR/ | MIDDLE | Wagner | RITY NO | Thelma | | MIDDLE | DORESS | Wilson | |
| YES, NO, OR UNK | | WAR OR DATES) | 234.32.4 | | | Mike (hu | | | as 13e. | ATE INTERVAL |
| PART 2 DTHER | o) stating the under- ause last. SIGNIFICANT (DNDITIDNS DF OPERATION | (C) (C) (DITRIBUTING TO DEATH I | AS A CONSEQUENCE BUT NOT RELATED TO THE | reminal disease | feed | | | | 20. AUTOPS | Y? |
| UNDERLY IN CONTRIBU | NAL CAUSE WAS NG OR TING CAUSE OF I | DEATH P.M. | MONTH DAY Y | EAR 21f. LO | OW INJURY OCC | | TURE OF INJURY IN | | YES PART 2) | NO |
| 22e. I ce death resu ACTUAL SIGNATUR | AT WORK rtify that I took charg ulted from: Notur | ge of the remains descrat causes 2. | cribed abave, held a | n Autop Suicide M | sy , Insp , Hamicide TITLE (SPECIF | T. | Inquiry A. mined manner | DAT | 10/2 | 8/86 |
| EXAMINER (TYPE OR P 230. BURIAL, CREM (SPECIFY) Buria | ATION, REMOVAL | | 23c. NAME OF Holly | | ADDRESS AND THE CREMATORY EMetery | 23d LOC CITY OR Midd | TOWN | er Balt | | STATE MD |
| 24 FUNERAL DIR | | ADDRESS | nc Baltim | | 25a, D | ATE REC'D. BY R | 1986 | b. REGISTRAR'S | SIGNATURE | |

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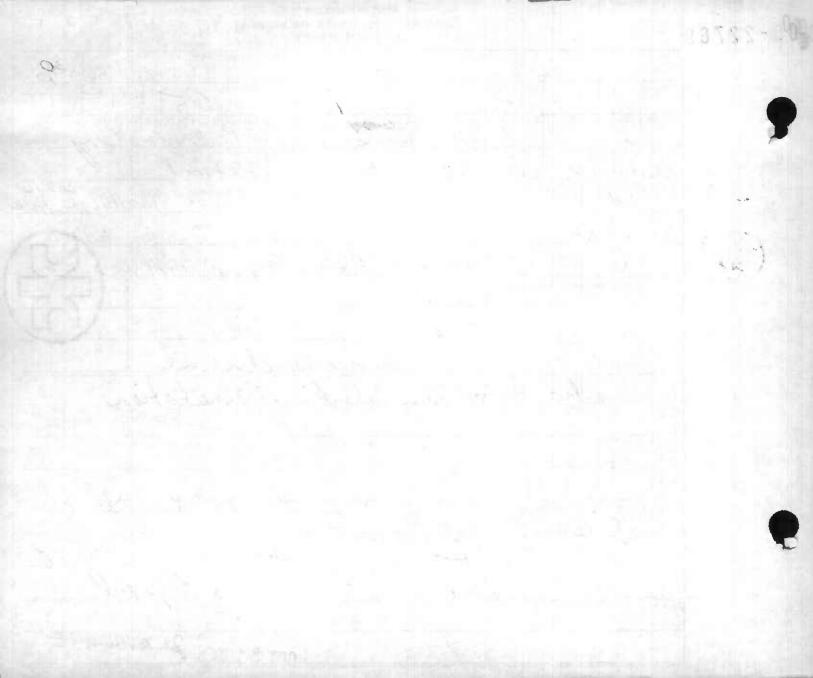
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|---------|---------------|---------------------------------|-----------|---------------|--|--|-----------------------------|------------|--|---|---------------------------|--|
| 00- | 21 | 90 | 7 | 1- | FOR STATE REGISTRAR | | DEPART | | EALTH AND MENTAL HYG ICATE OF DEATH | IENE 8 6 REG. N | 210 | 0 0 |
| | | 00 | | | EASED NAME | FIRST | WIDDLE | L | AST | 20 DATE OF DEATH | MONTH DAY | YEAR - 2b. HOUR |
| | 2 | 2.E | | (TYPE | OR PRINT) Don | na 1d | Н. | MI | LLER | October 2 | 0, 1986 | 9:15A M |
| | E O | 4 4 | | 3. SE | (| 4. RACE | | 5. DATE C | | & AGE (IN YEARS LAST & | RTHDAY) IF UNDE | TYEAR IF UNDER 24 HRS |
| | 6 | 101 | | | Male | Wh | ite | Ресен | ber 28 1928 | 5 | 7 YRS | |
| 1 | a. | 100 | 20 | To BI | RTHPLACE (STATE OR FO | REIGN TO CITIZEN C | F WHAT COUNTRY? | 8. | NEVER MARRIED | | OR COUNTY OF DE | ATH |
| - | Secre | 1 | 9 | | Baltimore | U.S. | | WIDOWE | D DIVORCED | Baltimore | | MD. |
| | 1 | 21 3 | 1 | / | TY OR TOWN OF DEAT | (IF NOT IN | SUCH FACILITY, GIVE STREET | T ADDRESS) | R OTHER INSTITUTION | 12a. USUAL OCCUPA (TYPE OF WORK FOR MOST | | KIND OF BUSINESS OR USTRY |
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| AND 21 | 24 hos | THE STREET | 35 | 136. 5 | I RESIDENCE (IF NURSIN | G HOME OR OTHER INSTITUTE 3b. COUNTY Baltimore | 13c. CITY OR TOV | VN | 13d INSIDE CITY LIMITS? YES NO TO | 13e.STREET ADDRESS | | Road |
| MARYL | die be | mplant/ | 3 | | THER'S NAME HEALTY | MIDDLE | Miler | | 15. MOTHER'S MAIDEN NAME OF THE PROPERTY OF TH | ME | Ady | LAST |
| ORE. | (FOOR | 0 7 | / | 16a V | O OR UNKNOWN) | U.S. ARMED FORCES | | | Vera Miller | (wife) | (same) | |
| MIT | 2 | non l | 7 | - | | 980 640 | | | era Miller | (MITE) | | ADDBOVIA ATE INTERNAL |
| BA | i | 100 | 11. | | 18 CAUSE OF DEATH PART I. DEATH WA | (Enter only one cause) S CAUSED BY. | Cardiopu | lmonar | v arrest | | 8 | APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH |
| 157 | 7/ | dh | | 8 | l. | MMEDIATE CAUSE (a) | | | | | | |
| O. | 11 | 13 | | | Candidana II | DUE TO, | Mas a consequ | left i | ntracerebral | hemorrhage | | |
| 38 | 1 | | 1 | | Conditions, if any, gove rise to imme | ediote | | | | | | |
| * | 10 | 4 4 5 5 | 940 | | cause (a), stating underlying cause | | OR AS A CONSEQU | IENCE OF | | | | |
| DS. 201 | direction the | signed hen plea to burial | ijery, ar | NO | PART 2 OTHER SIGNI | FICANT CONDITIONS | CONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CO | NDITION GIVEN IN I | PART lia |
| ő | 2 | 100 | + | CERTIFICATION | 190 DATE OF OPERATION | | NDITION FOR WHICH | | | 20a AUTOPSY? | | FINDINGS USED |
| # | 9.5 | 10 10 | 8 | THE | 7 | | | | | YES X NOT | YES [| CAUSES OF DEATH? |
| VITA | A CO | Some Style | 1 | CER | 71a. ACCIDENT WAS UNDE | | E OF INJURY A.M. MONTH D | DAY YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF IN. | JURY IN ITEM 18 PART I OR | PART 2) |
| ö | S D | and and | 1 | CAL | OR CONTRIBUTING CA | OSE OF DEATH | P.M. | 19 | | | | |
| O. | Per S | W W | 6/ | MEDIC | 21d. INJURY OCCURRE | (AT HOME | CE OF INJURY | FARM ETC.) | 21f. LOCATION STREET | CITY OR I | OWN CO | UNIY STATE |
| IVIS | 56 | 4 6 | orking | 2 | WHILE NOT WHILE | £ . | | | | | | |
| - | 20 | A Sept | 11.11 | | 220.1 certify that 14 | this hospital) attended | the deceased from. | | | | | , that M (we) lost |
| - | T de | 542 | 2.5 | | saw the deceased above, (M(we) (di | d alive on Octob d) (dixnot) view the bo | dy ofter death. | | d that in ()(v) (our) apinian | death accurred an the | | |
| 0 | 8, | Dep Die | ž. | | 226. SIGNATURE | much of (| levers | | DEGREE ATTENDING _ | _ MEDICAL ST. | ACC 1. | DATE SIGNED |
| 100 | 100 | RAL Get | 3-1 | | 224. PHYSICIAN'S NA/ | , , , | 200 00 9 | | PHYSICIAN [| DIRECTOR PHYS | ICIAN A | 10/20/86 |
| | 01 | 20 A | | | Sarah | L. Owens, | MD | | 9000 Frank | lin Souane | Drivo 21 | 227 |
| | 21 | 574 | 1 | 23n I | URIAL CREMATION R | | | NAME OF C | EMETERY OR CREMATORY | 23d. LOCATION | DI IVE ZI | .231 |
| | BP. | | 1 | | SPECIEY) ial | 19/2 | | | ill Mem. Gard | ers Baltin | nore Count | y Maryland |
| | DHMH | - 16 60M | 7/B4 | 74. F | NIH PIRECTOR | miden | water. | | | E REC'D. BY REGISTRA | R 256. REGISTRAR'S | SIGNATURE |
| | | RA 15, 4) | | B | uzezinski | Funeral Ho | me Pa 1407 | 014 1 | Eastern AveQC | T21 1986 | 16000 | A colombia |

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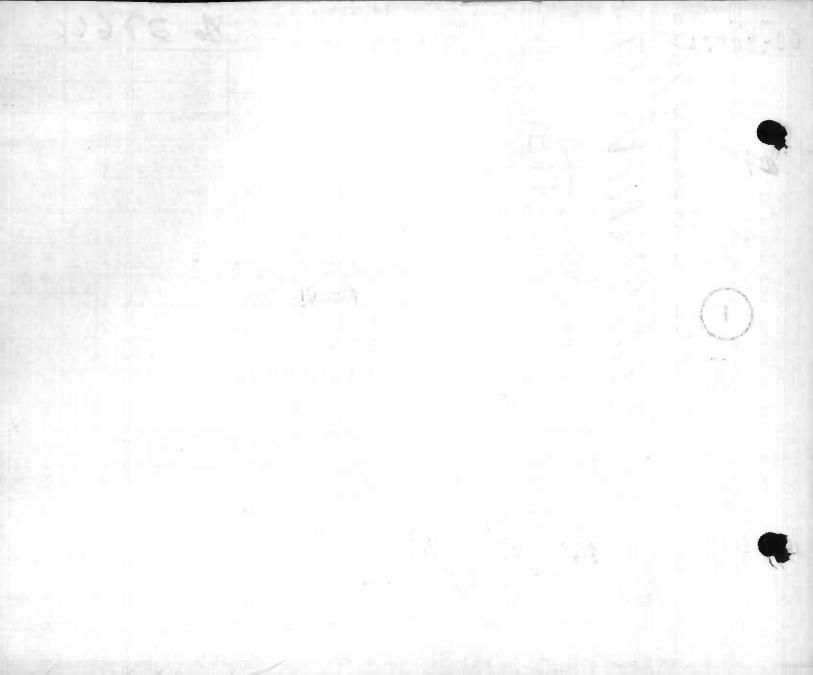


STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

ROADURE JUINE LATEREC D. BY REGISTRARY BY REGISTRAR'S SIGNATURE Westminster, Robert K. Pritts, Sr.,

| 149 | | - | | | | | | | MARYLA | | | ~ | -0 | , , | |
|-------|--|---------------|--|----------------------------------|-------------------|------------------|-------------------|----------------|----------------|----------------|------------|-------------------------|-----------------|-------------|-----------------|
| 00 | | 1- | FOR STATE | | | | RTMENT O | | 13-36-7 | MENTALH | YGIEN | XIA . | 27 | 660 | |
| U U - | 20964 | | REGISTRAR | | | | AL EXAMI | | | CATEC | F DEA | RE | G. NO. | | |
| | | I. DE | CEASED NAME LE OR PRINT) | Benjahi | n | E . | Mil: | ligar | 1 LAST | | | 20. DATE KNOW | /N 10 MONT | 11 8 | 6 25 HOUR |
| | ET 55.5.2.8.5. | | | | | | | | | | | DEATH MATE | D 🗆 | 19 | a. , |
| | 골 뜻 프 호롱 | 3. SE. | (| I. RACE | 5. DATE OF I | BIRTH DAY YE | AR LAST BIRTH | | UNDER 1 YR. | IF UNDER | 24 HRS. | 2c. DATE PRONOUNCED | монтн 10 | | 6 0346 |
| | N 200 N | Ma | 10 | Black | 10 | 24 19 | | | NINS DATS | HOURS | MIN | DEAD | 10 | 19 | a.M |
| | T CESTA ZAL | 7a. B | RTHPLACE (STA | | | OF WHAT CO | | To. | RRIED A N | EVED MADD | ien 🗆 | 9. BALTIMORE C | ITY OR COU | NTY OF DEAT | |
| | ESSARY, PLEASE NERAL DIRECTOR. FOR YOUR FILES. MIHIN 72 HOURS PRESTON STREET. | | ryland | | 1 | U.S.A. | | | OWED | DIVORC | | Baltimo | re Cou | nty | MD |
| | A STATE OF THE STA | | ITY OR TOWN C | F DEATH | II. NAME O | F HOSPITAL, | NURSING HO | ME, OR O | THER INSTITU | JTION | | JAL OCCUPATION | | 12b. KIND O | F BUSINESS |
| a | A THE WARREN | | | | | | dge Roa | | Ito. Co | | | wost of working Life | | OR IND | USIKY |
| | - Cm = 98 | USU. | AL RESIDENCE I | F IN NURSING HOME | OR OTHER INSTITUT | TION, GIVE RESID | ENCE BEFORE ADMIS | SION) | | | | | | 2171 | 200 |
| OPA | TH. IF ANY D 1, 2, AND 3 1, 2, AND 3 N, 3. RETAIN 2, S. FOULD TAL RECORD | | TATE ryland | 13h COUN | timore | 13ε. | CITY OR TOWN | | YES T | NO K | | EET ADDRESS 9 Rockri | dae Rd | de la | 0 |
| | 2, 7 2, 7 2, 8 3. 1 | | ATHER'S NAME | Dai | CIMOIE | | | | | ER'S MAIDE | 1 | | age ma | • | |
| | | | FIRST | | MIDDLE H. | | Milliga | n | | llie | | MIDDLE | | Roge | rs |
| | SS S S S S S S S S S S S S S S S S S S | 16a. \ | James WAS DECEASED | EVER IN U.S. AR | | | SOCIAL SECUR | | 17. INFOR | | | ADD | RESS | noge. | |
| | FOR SION | () | ES, NO, OR UNKNOV | VN) (IF YES, GIVE | - 8/58 | | 13-26-8 | | 7117.0 | M Mi | 17710 | an 7409 | | dae ro | a d |
| 1 | S PEAN | ¥е | | | | | | 505 | Duze | H. H. | | 411 /405 | ROUNTI | | IMATE INTERVAL |
| : | 0.03 | | PARTIDEA | DEATH (Enter or ATH WAS CAUSE | | AS | EAD and (c).) | A | 5CV | ^ | | | | BETWEEN | ONSET AND DEATH |
| | 海里 全 里 | 100 | W. | IMMEDIA | TE CAUSE (a). | O OR AS A | CONSEQUENC | | | U | | | | | |
| | E 225 | 2 | Conditions | s, if ony, which | | O, OR AO A | 01132002110 | 01 | | | | | | | |
| | A SEE SE | | | to immediate | | 0.0000 | CONSEQUENCE | - OF | | | | | | | |
| | Brans. | | lying cous | | 0021 | O, OR AS A | CONSEQUENC | c Or | | | | | | | |
| | ANGER CIE | | PART 2 OTHER SIGI | NIFICANT CONDITIONS | CONTRIBUTING TO | DEATH BUT NOT | BELATED TO THE TE | DALIN II. OICE | 2145 00 00000 | 04 04454 44 04 | | | | | |
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| | - AAAAA - | CERTIFICATION | 19a. DATE OF C | OPERATION | 119h C | ONDITION | OR WHICH OP | RATION | WAS PERFO | RMED? | | | | 20 AUTO | DCV2 |
| | DO THE STATE OF | FF. | | | | | | | | | | | | | _ \ |
| | NA HOUSE | E | 210. EXTERNAL | CAUSE WAS | 21b Ti | IME OF INJUI | RY | 210 | HOW IN IUR | Y OCCURRE | D JENTER I | NATURE OF INJURY IN IT | EM 18 PART 1 OR | YES | - NO M |
| | SA S | | UNDERLYING | OR | | | TH DAY YE | AR | | , occount | D (c. rem. | | EM TO FARE FOR | Ant al | |
| | SE S | MEDICAL | 21d INJURY OF | G CAUSE OF | | P.M. | URY (AT HOME. | 716 | OCATION | | | | | | |
| | S C S C S C S C S C S C S C S C S C S C | ME | WHILE AT WORK | | | EET, FACTORY, FA | | | STREET | | | CITY OR TOWN | | OUNTY | STATE |
| 1919 | WA WA | | AT WORK | AT WORK | | | | | | | 1 | | | | |
| | FOR THE SAND, | | 22a I certify | that I taak char | ge of the emai | ins described | abave, held an | Auto | apsy , | Inspection | X | Inquiry . | and in my | pinian | |
| | A FE BET A | | death resulted | d fram: Natu | ral causes | Aceid | ent, | Suicide | , Hami | icide | Undete | ermined manner | | | |
| | AAR WERE | | ACTUAL | 120 - | OF L | .1. | WIII . | | TIBE | SPEGIEY) | | | | L/ANE | |
| 77 | ZESZES - | | SIGNATURE_ | Howen | - O CADA | mon | 17/ | | M.D | | MED | ICAL EXAMINER | DATI | VED_ 10// | 11//86 |
| | MON MON | - | EXAMINER'S N | AME Stanl | ev Z. I | Felisin | berg M. | D | | 11 E. | Cha | se Stree | t 212 | 02 | |
| | ALTER ALTER | | (TYPE OR PRIN | | | | | | _ADDRESS_ | | | | | | |
| | TO MEDICAL EXAMINE EXECUTE THE CERTIFICY PAGE 4 SHOULD BE FR TO FUNEALL DIRECTO AFTER DEATH, WITH THE BALTIMORE, MARYLAN | 23a.B | URIAL, CREMATI | ON, REMOVAL | | | 3c. NAME OF C | | | | | CATION OR TOWN | | UNTY | STATE |
| | 8P | 24 5 | UNERAL DIRECT | urial | 10-15- | 86 | <i>arrisor</i> | For | est Ce | | | ings Mill | | | ryland |
| | DHMH - 17 | 14 | NAME DIRECT | UK . | A | ADDRESS | | | | - | A BY | REGISTRAR 25b | KEGISTRAR'S | SIGNATURE | |
| | (VR A15 ME (5)) 15M 2/80 | Bai | ley Fun | eral Hor | ne 1348 | N. Ca | lhoun S | it. 2 | 1217 | OCT | 14 | 986 | Table 1 | | |
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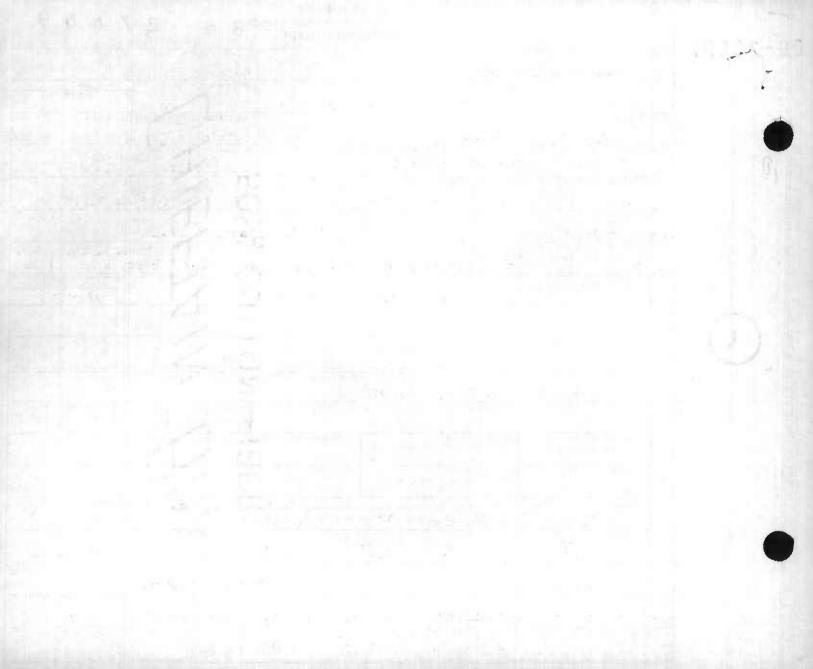
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| - 21884 | ī | | MINNIE MIDDLE E. | LAST T | TCHELL | 20. DATE OF DEATH | MONTH DAY YEA | AR 26 HOUR |
| poge 3 | | Minnie E. | MITCHELL | | | October 16 | | 12:47p M |
| ge 4 mo | 3 | Female | 4. RACE White | Jan. 6 | 1920 | 6. AGE (IN YEARS LAST BIR | | YEAR IF UNDER 24 HRS |
| 1 TE & | | a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Amherst Count | 76. CITIZEN OF WHAT COUNTRY, Va U.S.A | AAADDIED N | DIVORCED I | Baltimore city o | R COUNTY OF DEAT | Н |
| A THE | 100 | CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI Franklin Sc | SING HOME OR OTH | ER INSTITUTION | 12a USUAL OCCUPATI | ION 12b KIN DE WORKING LIFE) INDUS | nd of Business or Stry |
| 24 hours | -6 | JOUAL RESIDENCE (IF NURSING HOME | or other institution give residence be unity 13c. CITY OR TO timore Essex | FORE ADMISSION) DWN 134. IN | ISIDE CITY LIMITS? | 13e STREET ADDRESS | | |
| tely sher | 1 | 4 FATHER'S NAME | | | THER'S MAIDEN NAM | AE | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 2722 |
| | 0 | Henry | Lawho | rne | Maggie | WIDDLE | Sta | ton |
| Tool of the execution | 1 | | ARMED FORCES? 166 SOCIAL SE GIVE WAR OR OATES) 225-1 | 4-5035 E | ORMANT Glen | Burnie Burnley, | ss Md. 21 | 061 |
| a (3 4 4 | | 18 CAUSE OF DEATH (Enter | only one couse per line for 101, (b), ISED BY: | | | 3,1 | BETV | PROXIMATE INTERVAL |
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| ding orbo | -10 | 7 9/5 | DUE TO, OR AS A CONSE | - 1 - 3.7 | - Lug | | | |
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| the remo | | gove rise to immediate couse (a), stating the | DUE TO, OR AS A CONSE | | | - | | Salar |
| thot d by ease ol, cr | | underlying couse lost. | (d) Ileus | | | | | |
| signed hen pli o buri | | | T CONDITIONS CONTRIBUTING | O DEATH BUT NOT RE | LATED TO THE TERMI | NAL DISEASE OR CON | DITION GIVEN IN PAR | RT Iro |
| os been os been prior t | 7 | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 1%. CONDITION FOR WHI | CH OPERATION WAS | PERFORMED | 20a, AUTOPSY? | 206. IF YES, WERE FIT IN CERTIFYING CAL | USES OF DE ATH? |
| N. The | + | 21g. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | 121c H | OW IN IURY OCCURR | ED (ENTER NATURE OF INJUI | YES X | NO 🗆 |
| SICIAN. og phys certifico riol-tro entol Hy tem 18 | / | OR COMPRING CONTRACTOR | DEATH HOUR A.M. MONTH | DAY YEAR | | Co (Clarent MATORE OF MATOR | THE STATE OF THE STATE OF THE | 1 4 |
| ING PHYS | a | OR CONTINUENT OF CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMI 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK | 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI | | STREET | CITY OR TO | WH COUNT | Y STATE |
| pitol or prolonge TOR: A for use of Heol | / | 220.1 certify that () (this has sow the deceased alive above, () (we) (did) (did) | spitol) oftended the deceosed from 0ctober 16 15 and 15 years of the spitology of the spito | M July 12 86 and that | 19.86 in (1967) (our) opinion d | , to October eoth occurred on the do | | |
| At OR A the hos detoched detoched or Dept. | 19 | 22b. SIGNATURE | flot | DEGREE | ATTENDING | MEDICAL STAI | EE | 0/16/86 |
| HOSPITAL ined by the FUNERAL uld be det the State | 7 | 22d. PHYSICIAN'S NAME (TYP | PE OR PRINT) | 22e A | DDRESS | | | |
| TO HOSP retoined to TO FUNE should be with the S | 1 | Je Joon Loh | | 90 | 00 Frankli | n Square Dr | ., 21237 | |
| BP | | BURIAL, CREMATION, REMOV (SPECIFY) Burial | | ak Lawn | Cemetery | 23d LOCATION CITY OF TOWN Baltimo | ro Md | STATE |
| DHMH - 16 60M 7/1 | R4 | 4 FUNERAL DIRECTOR John | A. Monnm. Inc | Funeral | Hom desa DATE | | 256. REGISTRAR'S SIG | NATURE |
| (VRA 15, 4) | | 3000 E. Balti | more St. : Balt | o Md. 2 | 1224 007 | 2 = 1986 | | |

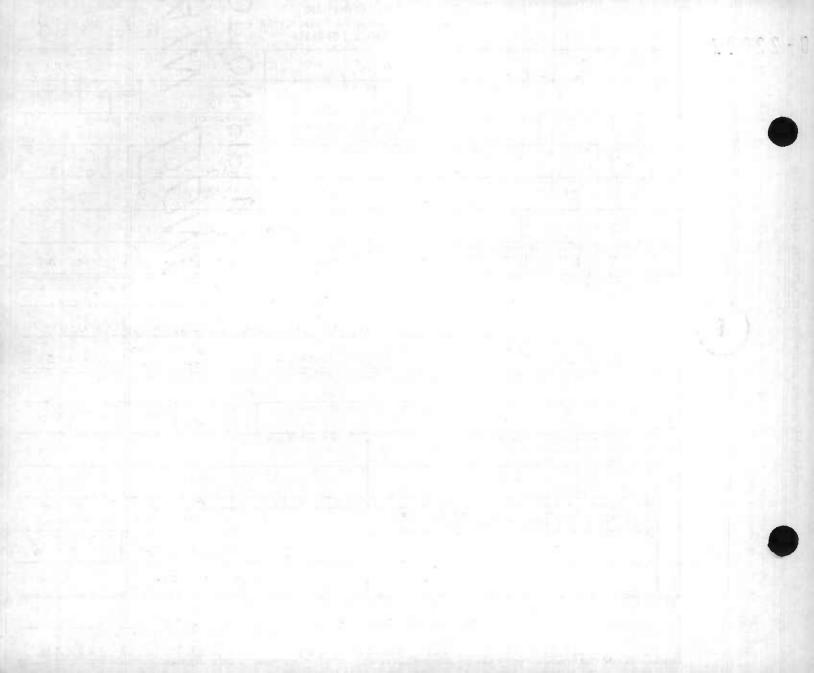
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| 21121 | | FOR STATE REGISTRAR | | | DEP | ARTMENT OF H | OF MARYLAN EALTH AND ME ICATE OF DE | NTAL HYGIEN | 0 0 | 2 EG. NO. | 700 | 5 8 |
|---|--------------------|---------------------------|---|---------------------|---------------------------------|------------------------|-------------------------------------|------------------|-----------------|-----------------------|-------------------------|--------------------|
| 41141 | | 1. DECEASED NAA | NE FIRST | | MIDDLE | L | AST | 20 | DATE OF DEA | TH MONTH | DAY YEAR | 2b. HOUR |
| a 600 | | (TITE ON PRINT) | Stepl | nen | L. | Mit | chell | | | er 10, | 1986 | м |
| 8 8 9 | | 1, SEX | | 4 RACE | 41111 | S. DATE C | | 6. | AGE (IN YEARS L | AST BIRTHDAY) | MONTHS DAYS | HOURS MIN. |
| 30 00 | | / Male | | Whit | te | Mar | 10 | 28 | 58 | YRS | | |
| 4 100 3 | 1 | Ta. BIRTHPLACE (COUNTRY) | state or Foreign | 76. CITIZEN OF | WHAT COUN | TRY? 8 MARRIE WIDOWE | NEVER MA | RRIED . | BALTIMORE C | more C | | 440 |
| 4 55 | | 10 CITY OR TOWN | | 11. NAME OF | | IRSING HOME C | R OTHER INSTIT | UTION 12 | USUAL OCC | UPATION | 12b. KIND C | OF BUSINESS OR |
| 1 110 | 20 | Middle | River | 1 | Phese | nt Road | 3 | C | | | odal 3 | 7 |
| 1 12 | 56 | UAL RESIDENC | E (IF NURSING HOME C | R OTHER INSTITUTION | N GIVE RESIDENCE | BEFORE ADMISSION) | | 1 | | | uncan | |
| 2 11 | 25 | Md. | 13b COU Ba | alto, | Middl Middl | eRiver | 138. INSIDE CITY | 10 14 X | 6620 | Phesen | tRoad : | 21220 |
| 1 134 | 20 | 4 FATHER'S NAM | | | | | 15 MOTHER'S M | AAIDEN NAME | | | | |
| 中 電見 | 50 | Charl | Les Ed | dward | Mit | chell | Lil | lian | MID | DLE | Kline | 51 |
| 2 BE | 8 1 | 160 WAS DECEAS | ED EVER IN U.S. A | RMED FORCES? | | SECURITY NO. | 17. INFORMANT | | A | ADDRESS | | |
| * 0 E | 8 / | NO OR UNK | (# YES G | IVE WAR OR DATES) | 212- | 26-1689 | Berni | ceMito | chell | 6620Ph | esentRe | d.21220 |
| e requires that I een signed by I in Then please nor to buriof, co | ny injury, or othe | | | CONDITIONS C | | TO DEATH BUT | NOT RELATED TO | 200 | AL DISEASE OR | | GIVEN IN PART 1 | |
| The first of the f | \propto | ETIFIC | | | | | | | YES NO | IN CER | TIFYING CAUSES YES [| OF DEATH? |
| CIAN. physic | P | OR CONTRIBU | T WAS UNDERLYING TING CAUSE OF DI | HOUR A | OF INJURY A.M. MONTH P.M. | DAY YEAR | 21c. HOW INJU | JRY OCCURRED | (ENTER NATURE C | OF INJURY IN ITEM 1 | 8 PART 1 OR PART 2} | |
| Theraping the care this care this care the care | 200 | | OCCURRED | 21e. PLACE | OF INJURY | | 211 LOCATION | 1 | CIT | Y OR TOWN | COUNTY | STATE |
| A Atta | ugu. | _ | that (I) (this hosp | oital) attendadet | the deceased for | · 4/ | 81 | 10 | to | 10/10 | 10 86 | that (1) (we) last |
| Parent Pa | 21.9 | saw th | e deceased alive o (1) (we) (did) (did n | 1/2 | 29 | 12// | nd that in (my) (o | our) opinion dec | oth occurred an | the date and h | our and from the | |
| the hose standard and the hose standard as Dept | - | 22b. SIGNA | TURE | 7. ~ | ~ | 1 | | TENDING | MEDICAL | STAFF HYSICIAN [7] | 10 / | 11/86 |
| PITA by ERA Shot die | Z-7 | 22d. PHYSIC | IAN'S NAME (TYPE | OR PRINT) | - | , | 220 ADDRESS | ITSICIAN LIL | JINEC TOR DE | HYSICIAN . | 11-11 | 100 |
| D HOS Constant Consta | 100 | | Dr. Gol | diner | | | 5901 | Harfo | rd Roa | ad | | |
| 21 -21 | 2 / | BURIAL, CREA | MATION, REMOVA | L 23b. DATE | | 23c. NAME OF C | EMETERY OR CR | EMATORY | 23d LOCATION | N NWN | COUNTY | STATE |
| BP | - | Bı | rial | 10/ | 13/86 | Holly | Hill C | emete: | y Mid | dleRiv | er Bal | |
| DHMH - 16 50M 4 | 82 | 24 FUNERAL DIRE | CTOR | | ADQ! | RESS | 01001 | | | , | ISTRAR'S SIGNAT | TURE |
| (VRA 15, 4) | | Conne. | llyFune: | ralHome | 9 300M | aceAve | . 21221 | 10 | -16-81 | 42 | | |

(VRA 15, 4)

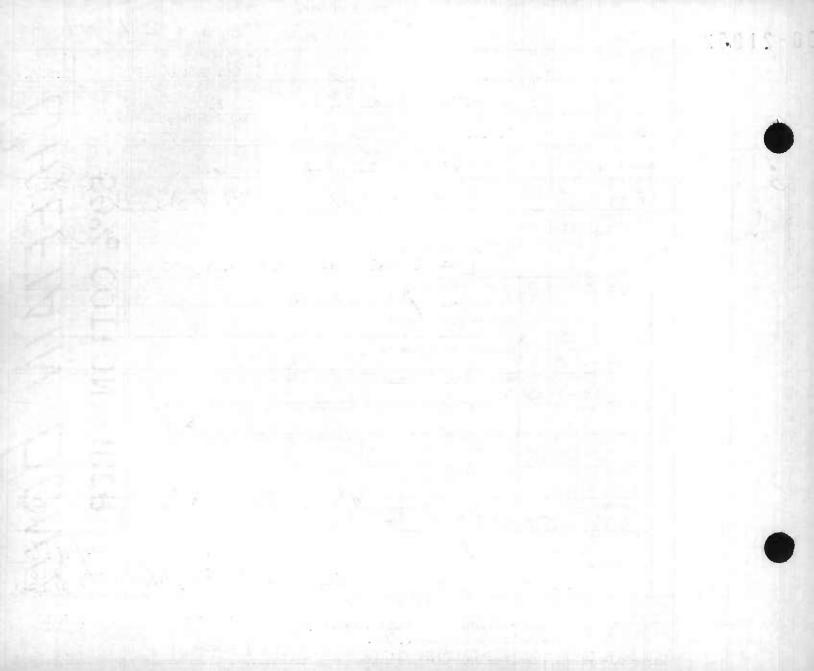
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| | | | 1 | | | | | | | E OF MARYLAND | | | 1184 | | - 1 |
|----------------------------|--------------------|----------------------------|----------------|---------------|--|----------------|------------------|---|--------------|-----------------------|--------------|---|-------------------|---------------------------------|----------------------------------|
| 123 | 17 | 7 NO | ٧ - | 88 | FOR STATE REGISTRAR | | | DEPAR | | ICATE OF DEAT | | NE 8 6 | 6.00 | 7.6 | / |
| | | | | | EASED NAME | FIRST | | MIDDLE | | AST | 12 | . DATE OF DEATH | | DAY YEAR | 2b HOUR |
| | Pe | poge 3 or death | | TYPE | OR PRINT) | YSON | | C | M | ORSBERGER | 69 S | | 8 2 | 9 86 | 12.40 PM |
| 10 | may | pod ap ra | | 3 SEX | | | 4. RACE | 17. | 5. DATE | OF BIRTH | | AGE (IN YEARS LAST B | RTHDAY) | IF UNDER 1 YEAR | IF UNDER 24 HRS |
| | ge 4 | ector, irs off | | | Mal.e | 2.5 | Whit | e | MONT | 25 27 | YEAR | 61 | YRS. | MONTHS DAYS | HOURS MIN. |
| | 9 | - dir | 1 | | THPLACE (STATE OR | OREIGN | 76. CITIZEN OF | WHAT COUNTR | Y? 8 | D NEVER MARK | RIED 7 | BALTIMORE CITY | OR COUNTY | OF DEATH | |
| | eath | nero 72 | 0 | | Maryland | = 1.5 | U.S. | | WIDOW | | | Balto. | County | | MD. |
| _ | ofter d | the fo | 0 | 13. | YORTOWN OF DEA | | (IF NOT IN SUC | HOSPITAL, NURS THE FACILITY, GIVE STRI Ar J. ewoo | EET ADDRESS) | OR OTHER INSTITUT | | 26. USUAL OCCUPAT TYPE OF WORK FOR MOST Policeman | OF WORKING LIFE | INDUSTRY | BUSINESS OR County |
| 120 | 200 | e file | | | L RESIDENCE (IF NURS | | | | | | 1 | TOTTECHIAN | | Das.co. | country |
| MARYLAND 2120 | 4 ho | led by | 34 | 13a. S | TATE | 13b. COUN | TY | 13c. CITY OR TO | NWN | 13d INSIDE CITY L | | 3e. STREET ADDRESS | 1 - 1 | 0100 | |
| AN | nin 2 | The file | | | d. | Balt | .0. | Catons | ville_ | YES NO | | 604 Arlew | ood Ra | . 2122 | 8 |
| ARY | 4 | 9(2) | 27 | | FIRST | | MIDDLE | LAST | | FIRST | IDEN NAME | MIDDLE | | LAST | |
| X | patr | E 0 | | | oward | | | rseberg | | Sarah | | ADDR | FCC | Hoyer | |
| ORE | xec | Pages | O I | | AS DECEASED EVER | (IF YES, GIVE | WAR OR DATES) | 166 SOCIAL SE | | 17 INFORMANT | | ADDI | E33 | | |
| BALTIMOR | be | s.Po | E | | Yes | MWII | | 215-22 | -9033 | Mrs. Be | tty A. | Morseber | ger - | | |
| BAL | ofe | ysicii oper val. | | | 18 CAUSE OF DEAT PART 1. DEATH W | H (Enter onl | y one couse per | line for (a), (b), | and is 1 | | | 1 | | BETWEEN | MATE INTERVAL INSET AND DEATH |
| . T. | rtific | and and | ۵ م د د د د | | PARTI. DEATH W | | E CAUSE (0) | card | Mouls | menan C | inch | <i>T</i> | | | |
| Z | 90 | orb | OIIC | | | | DUE TO, O | R AS A CONSEC | UENCE OF | 1 | 11 1 | 11 | | | |
| PRESTON | deoth | ofter ove tion, | | | Conditions, if any | | ((b)_ | meter | tatic | Maruel | emal | cell Ca | chun | 0 14- | mgz, |
| | the | the c | | | gove rise to improve couse (0), statir | | DUETO | R AS A CONSEC | DIENCE OF | 1 blodde | 1 | | | | |
| ×. | that | | 90 | - | underlying couse | lost | (0) | | / | | | | | | |
| 5, 201 | vires † | gne pur | ory, ar | z | PART 2. OTHER SIGI | NIFICANT C | ONDITIONS C | ontributing t | O DEATH BUT | NOT RELATED TO | THE TERMIN | IAL DISEASE OR COM | IDITION GIVE | EN IN PART 110 | |
| DIVISION OF VITAL RECORDS. | De la | e = 5 3 | | CERTIFICATION | | *:0:: | Transfer design | | | | | Too water | Lan IF VES | MEDE ENIDAL | 00.000 |
| REC | Jow . | | 9 | ICA | 190 DATE OF OPERA | IION | 196. COND | IIION FOR WHI | CH OPERATIO | N WAS PERFORME | D | 20a AUTOPSY? | IN CERTIFY | , WERE FINDING YING CAUSES (| OF DEATH? |
| AL | The | le hos sit per giene | | RTI | | | | | | | | YES NO | | | ио 🗆 |
| > | hysis | Ton Hy | | | OR CONTRIBUTING | _ | 110110 | M. MONTH | DAY YEAR | 21c. HOW INJURY | OCCURRE | D (ENTER NATURE OF IN) | JRY IN ITEM 18 PA | ART I OR PART 2) | |
| Ö | P P | rial-t | 7 | CAL | (IF EITHER NOTIFY MEDI | | | Μ. | 19 | | | | | | |
| 0 | HA | | 5 | MEDIC | 21d. INJURY OCCUR | | 21e. PLACE | OF INJURY | F FARM FTC) | 211 LOCATION | | CITY OR 1 | OWN | COUNTY | STATE |
| N | Office | ter is the | L Ked | 2 | AT WORK AT WO | RK . | | | | | | | | | |
| ٥ | 07 0 | se o | om si | 3% | 22a.1 certify that (1) | (this hospit | tol) attended th | e deceased from | | 29 19 | 9 85 | . to August | 24 | 19_86_,1 | hat (I) (we) last |
| | ATTEND spital a | for for of H | | 3-3 | saw the deceas above, (I) (we) (| ed alive an | AUSIS | ofter death | 86 .0 | nd that in (my) (our) |) opinion de | oth occurred on the | date and hour | and from the c | ouses stated |
| | OR A e hos | DIRECT DEPT. | E e | e. | 226. SIGNATURE | 3.07 10.0 110. | 1 | Office Gooding | | DEGREE | | | | 22c. DATE S | IGNED |
| | the o | a to a | | | (And | 2/65 | lul | | no | ATTEN | NDING P | MEDICAL STA | CIAN [] | 9/8/ | 196 |
| | PIT | FUNERA | 7 | | 224 PHYSICIAN'S N. | AME TYPE OF | R PRINT) | | | 22e ADDRESS | | | | , | |
| | HOS | | 2 / | | Hron | W. | Berkn | run me |) | South | Balt | inore 6 | eneral | Huse | , tal |
| | of of of | Short Short | £ - | | URIAL, CREMATION, | | 236. DATE | | | EMETERY OR CREM | | 23d. LOCATION | | - | |
| | BP | | | | Remov | | 8-29-8 | | | | | CITY OR TOWN | | COUNTY | STATE |
| | | | | 24 FL | NERAL DIRECTOR | | | | | | 25g DAIF | REC'D. BY REGISTRAL | 256 REGISTI | RAR'S SIGNATU | JRE |
| | | - 16 50M 4/ RA 15, 4) | B2 | | NAME | Anato | my Boar | addres: | Balto | ., Md. | SEP | 15 1900 | Julia Dai | ridson-Par | idelle ! |

| | | | | STATE OF MARYLAN | ID | | | |
|--|---|--|--|-----------------------------|------------------------|---|---------------------|--------------------|
| | | FOR - STATE | DEP A | RTMENT OF HEALTH AND MI | | 6 2 | 7 0 | 1 % |
| 0 - 2 | 10.52 | REGISTRAR | | CERTIFICATE OF DE | ATH O | REG. NO. | | |
| 100 | | I. DECEASED NAME FIRST | MIDDLE | LAST | 20. DATE | OF DEATH MONTH | DAY YEAR | 2h HOUR |
| | oy be | | DEGARDE | MOSS | OC. | TOBER 6, 19 | 986 | 2:55A.M |
| | ē | 3 SEX | 4 RACE | 5. DATE OF BIRTH | 6 AGE | N YEARS LAST BIRTHDAY) | IF UNDER TYEAR | IF UNDER 24 HRS |
| | oge 4 | FEMALE | CAUCASIAN | MARCH 14, 19 | | 82 YRS | | HOURS MIN. |
| | leoth. P | 70 BIRTHPLACE (STATE OR FOREIGN VIRGINIA | U.S.A. | MARRIED LI NEVER MA | ARRIED ' | ALTIMORE COUN | | MD. |
| 51 | 71190 | BALTIMORE | | RSING HOME OR OTHER INSTIT | UTION 12a USUA | AL OCCUPATION FORK FOR MOST OF WORKING EMAKER | | F BUSINESS OR |
| a S | 71.33 | USUAL RESIDENCE IF NURS | OTHER INSTITUTION GIVE RESIDENCE BI | OWN) 134 INSIDE CITY | Y LIMITS? 130.STREE | T ADDRESS (ZIP CO | | 1210 |
| 2 | B. 1400 | 14. FATHER'S NAME | MIDDLE LAST_ | 15 MOTHER'S | | | | |
| BALTIMORE MARYLA | 1200 | HARRIS | MIDDLE | FOX É | STHER | MIDDLE | SUSSN | AN |
| 8 | ond coges | 160 WAS DECEASED EVER IN U.S. A | | | T | ADDRESS | | |
| IWO | Pogo . | (4NOO OR UNKNOWN) [IF YES, G | MXX I | PENNY PENNY | BANK 8 ROLA | ND MEWS 21 | 210 | |
| SALT | person. | 18 CAUSE OF DEATH (Enter of | only one couse per line far (a), (b) ED BY: | | | | | MATE INTERVAL |
| | physicat phy | | SED BY: ATE CAUSE (a) | Breu moni | α | | | 10 AL- |
| N N | ding or re or re | | DUE TO, OR AS A CONSE | DUENCE OF | | | U 4 | |
| EST | death ottendi ove co ition, o | Conditions, if any, which | ((b) | | | | | |
| <u>a</u> | the em | gove rise to immediate couse (a), stating the | DUE TO, OR AS A CONSE | OHENCE OF | | | | |
| * | that that the solution of the | underlying cause last. | 10 | QUELICE OF | | | 1 (25) | |
| . 20 | ned pled suriol | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING | TO DEATH BUT NOT RELATED TO | O THE TERMINAL DISE | ASE OR CONDITION C | SIVEN IN PART 110 | 3, |
| RDS | The The injuri | ¿ demes | via | | | | 100 | |
| 5 | bee brio | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 196. CONDITION FOR WH | ICH OPERATION WAS PERFOR | MED 200 AL | TOPSY? 20b. IF Y | YES, WERE FINDIN | GS USED |
| A R | he hos | E | | | YES | | YES | NO [|
| Y. | physicio physicio physicio physicio physicio physicio | 210. ACCIDENT WAS UNDERLYING | | DAY YEAR 216. HOW INJU | JRY OCCURRED (ENTER | NATURE OF INJURY IN ITEM I | 8 PART I OR PART 2] | |
| Ö | SICIA ng ph certifi certifi entol | OR CONTRIBUTING CAUSE OF DE | LAIN | 19 | | | | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., | HY President | (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED | 21e. PLACE OF INJURY | 216. LOCATION | | CITY OR TOWN | COUNTY | STATE |
| Si ≥ | or offer the easther the one marked | WHILE NOT WHILE AT WORK | The name of the traction, of | 1 | 011 | 1. | Ar | |
| | . 67 (1) | 220.1 certify that (1) this has | pital) attended the deceased fro | | 19 7 10 | 10/6 | | that (1) (we) last |
| | OR ATTEN be hospital DIRECTOR ached for u Dept. of Hi f frem 21 is | saw the deceased alive o above, (1) we) (did) (did) | and view the body after death. | 9_(and that in (my) (o | ur) opinion death accu | red on the date and he | our and from the | couses stated |
| | OR A DIREC Sched Dept. | 22b. SIGNATURE | . 00:0 | DEGREE | | | 22c. DATE | SIGNED |
| | AL DAL Date Dote Dote D | Taon | n (when | ATT PH | TENDING MEDICA | STAFF PHYSICIAN | 10/ | 6/86 |
| | HOSPITAL ined by th FUNERAL uld be detail of the State | 224. PHYSICIAN'S NAME (TYPE | OR PRINT) | 22e ADDRESS | V. Doak | 10 RO | 15000 | ms |
| | TO HOSPITAL I | DR. 1 | NAOMI CUTLER | 9/19 | ourcour | Mry Jes | 40000 | 21222 |
| | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 230 BURIAL, CREMATION, REMOVA | L 23b. DATE | 3c. NAME OF CEMETERY OR CR | EMATORY 23d LO | CATION | 2014 | |
| | BP | BURIAL | 10/8/86 | MIKRO KODESH CI | BA BA | LTIMORE | COUNTY | ARYLAND |
| | DHMH - 16 60M 7/84 | 24 FUNERAL DIRECTOR SOL | LEVINSON & BRO | S., INC. | 250. DATE REC'D, B | Y REGISTRAR 256. REGI | STRAP'S SHOWAT | URE |
| | | | | | | | | |



| | 1 | | | | STAT | E OF MARYLAND | was riferraph to | | |
|--------------------------|---------------|--------------------------------------|--|--|------------------|-------------------------------|--|--|--------------------|
| 1148 | | FOR STATE REGISTRAR | | | CERTII | REALTH AND MENTAL RYG | 8 D.N | | 13 |
| • me | | CEASED NAME | FIRST | MIDDLE | | LAST | 20. DATE OF DEATH | MONTH DAY YEAR | 2b. HOUR |
| 4 40 | _ | | | ough | | lineaux | | 10/15/86 | M |
| or p | 3. SE. | | 4 RACE | | 5 DATE (| H DAY YEAR | 6. AGE (IN YEARS LAST BIR | MONTHS DAYS | HOURS MIN. |
| 000 | Ma | | | casian | | -1895 | 91 | YRS. | |
| 2X | 7a Bi | RTHPLACE (STATE OR | FOREIGN 76 CITIZEN | OF WHAT COUNTE | MARRIE | D NEVER MARRIED | 9 BALTIMORE CITY C | OR COUNTY OF DEATH | |
| 100 | | ryland | USA | | WIDOW | | Baltimore | | MD |
| 1/2/ | 10 C | TY OR TOWN OF DE | | OF HOSPITAL, NUR IN SUCH FACILITY, GIVE STE | | OR OTHER INSTITUTION | 12a. USUAL OCCUPAT | | OF BUSINESS OR |
| | | odlawn | | 3 Windsor | | ₹d. | Retired | . Plas | sterer |
| The same | 1 13a | AL RESIDENCE (IF NUR! STATE | 13b COUNTY | 13c. CITY OR TO | | 138. INSIDE CITY LIMITS? | 13e STREET ADDRESS | / ZIP CODE | |
| 2 | _ | ryland | Baltimore | Woodla | wn | YES NO X | | sor Mill Rd. | 21207 |
| ううて | 14. FA | THER'S NAME | WIDDLE | LAST | | 15. MOTHER'S MAIDEN NA | ME | LAS | ST. |
| C3 C | 1_ | Richar | | Mullineau | | Louisa | | Loos | |
| 1 0 1 | | VAS DECEASED EVER | IN U.S. ARMED FORCE | | ECURITY NO. | 17 INFORMANT Balti | more ADDRI | ESS MD 21207 | 7 |
| 1 | ye | | WW 1 | 212-07 | -9292 | Robert E. Mu | ıllineaux 6 | 6503 Windsor | Mill Rd |
| 7 - | | 18 CAUSE OF DEAT | H (Enter only one caus | e per lye far (a), (b), | , and (cl.) | 2 1 | 1 1 | BETWEEN | MATE INTERVAL |
| 111 | | PART I. DEATH W | VAS CAUSED BY: IMMEDIATE CAUSE (c | Hetre | wood | Lewell C | andword | rocella | |
| 100 | | | DUF T | O. OR ASTA CONSE | OUENCE OF | 0 11. | d | 10000 | |
| if () | | Canditians, if ony | , which | Ren | a l | Lusufic | ency | mac & | |
| 1 | | gove rise to im- cause (a), statu | | O, OR AS A CONSE | OUFNCE OF | | y | 4 | |
| 10 | | underlying cause | e last | Pros | Elia | tec lug. | reallo | M | |
| 1 | 1 | PART 2 OTHER SIG | NIFICANT CONDITION | S CONTRIBUTING | TO DEATH BUT | NOT RELATED TO THE JERM | AINAL DISEASE OR CON | DITION GIVEN IN PART 1 | o, |
| of n | CERTIFICATION | 12 | ely do | tean | | | | | |
| prio d | S | 19a. DATE OF OPERA | TION 196 CO | ONDITION FOR WHI | ICH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WERE FINDING CAUSES | NGS USED |
| low of | 1 | | | | | | YES NO | YES 🗌 | NO 🗆 |
| Hyg W | 8 | 218. ACCIDENT WAS UN | | ME OF INJURY R A.M. MONTH | DAY YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJU | JRY IN ITEM 18 PART I OR PART 2) | |
| tem to | CAL | (IF EITHER, NOTIFY MEDI | CAUSE OF DEATH | P.M. | 19 | Manager Comp. | | | |
| Z Z | MEDICAL | 21d. INJURY OCCUR | /AT HO | ACE OF INJURY | ICE SARA ETC.) | 211 LOCATION STREET | CITY OR TO | OWN COUNTY | STATE |
| rked | 2 | AT WORK AT WO | HILE D | TE STREET, PACTORY, OFFI | ICE, FARM, ETC.) | 2. | | N | |
| eolit mo | | 22a.1 certify that (1) | (this haspital) attende | ed the deceased fra | m 4 1 | , 19 00 | 2, to 8/2 | 3 , 1900, | that (1) (we) lost |
| of H | | saw the deceos | ed alive an did) (did nat) view the l | adv after death | 9, 0 | nd that in (my) (our) opinion | deoth occurred on the d | ate and have and from the | causes stated |
| Dept. | | 22b. SIGNATURE | 1- V | rody oner deam. | | DEGREE | | 22c. DAT | SIGNED |
| te D | | 1 | - Kau | 007 | a | ATTENDING PHYSICIAN | MEDICAL STA | FF 10 | 15/80 |
| A Sto | 1 | 224 PHYSICIAN'S N. | AME (TYPE OR PRINT) | 2010 | | 22. ADDRESS | | P-1 Bal | timo |
| should be a with the Sto | | 1 AHOC | DRA KA | H'CHW+ | | 8204 4 | wenty 1 | THE NO. | 2/207 |
| 3 3- | 23a E | BURIAL, CREMATION, | REMOVAL 236. DAT | E 12 | 3c NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | | 01 |
| | | SPECIFY) Burial | | The state of the s | | Ridge Cemetery | CITY OR TOWN | COUNTY | STATE |
| | 24 FI | | Loring Byer | | | | | le Baltimore | |
| 5 60M 7/B4 | | | Doring byer | | | ors, The | OT 1 6 1000 | ~ . | |
| 1 | 11 () / | /O LIBETIA | and Rann | MILES COMIT | 14111 | | THE PARTY OF THE P | The state of the s | F 94.17 7 |

STATE OF MARYLAND

007 1 7 1000 general per

| | | 1 | Item 6 Fil | mG621 | 11/5/ | | | E OF MARYLAND | 79 1 | 2 7 | 675 |
|--|--|---------------|---|--------------|-----------------------------------|---|------------------|------------------------------------|-------------------------------------|---|---|
| 00- | 22851 | L | FOR STATE REGISTRAR | | | | CERTII | ICATE OF DEATH | REG. N | | |
| 0 | m £ | | CEASED NAME E OR PRINTI | FiRSI | | MIDDLE | | LAST | | 30, 1986 | YEAR 26 HOUR |
| oy b | poge 3 | 3 SE | · · | | Agnes | Margaret | Mey 5. DATE (| | | | 9:30Am |
| 9ge 4 a | urs offer. | | Female | | White | | | ly 21, 1918 | 6 AGE (IN YEARS LAST BIR | THDAY) IF UNDER | DATS HOURS MIN. |
| Arb. Po | nerol di | | RTHPLACE (STATE OR FO- COUNTRY) altimore. Me | | L CITIZEN OF | WHAT COUNTRY? | MARRIE WIDOW | D NEVER MARRIED | 9 BALTIMORE CITY O | _ | |
| 101 | oy the fu | 1 | ITY OR TOWN OF DEAT | | 2207 B | HOSPITAL, NURSING CHEACILITY GIVE STREET AUCTOS COM | G HOME (| OR OTHER INSTITUTION | 120 USUAL OCCUPATION OST CONTRACTOR | | IND OF BUSINESS OR STRY Store |
| AND 212 | be for | 13a M | aryland | 36 COUNT | other institution TY imore | GIVE RESIDENCE BEFORE 13t CITY OR TOWN Essex | | 136 INSIDE CITY LIMITS? | | ZIP COPE illside Dr | r. 21221 |
| , MARYL | | 0 | ATHER'S NAME FIRST John | | Baur | LAST | | 15. MOTHER'S MAIDEN NA Margare | t Miller | | LAST |
| BALTIMORE, MARYLAND 21 cote be executed within 24 ho | Po de la constitución de la cons | 160 | WAS DECEASED EVER IN YES, NO OR UNKNOWN) | | MED FORCES? WAR OR DATES) | 216 03 (| | Parbara A. M | eyers, Daug | | Same |
| | g physicic conpoper removol. event, the | | 18 CAUSE OF DEATH PART I. DEATH WA | | ane cause per BY. CAUSE (o) | METISA | TC | CATO B | USIN | BE) | APPROXIMATE INTERVAL TWEEN ONSET AND DEATH |
| deoth o | ottendin lave corb stion, or roumotic | | Conditions, if ony, y | which | DUE TO, O | OR AS A CONSPOUR | NCE OF N | VA OF THE | E LUNG | | |
| that the | d by the leose rem rol. cremo | | cause (a), stoting underlying cause | | DUE TO, O | R AS A CONSEQUE | NCE OF | | | | |
| ORDS, 20 | Then pl | NOI | PART 2 OTHER SIGNIE | FICANTICO | ONDITIONS <u>C</u> | ONTRIBUTING TO D | EATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVEN IN PA | ART Ira |
| AL RECC | te hos been set permit rigiene price | CERTIFICATION | 190 DATE OF OPERATION | NC | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? YES NO | 206 IF YES, WERE F IN CERTIFYING CA YES [| FINDINGS USED AUSES OF DEATH? NO |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., | certificate uriol-tronsit Ventol Hygin | | 210. ACCIDENT WAS UNDER OR CONTRIBUTING CAR (IF EITHER NOTIFY MEDICAL | USE OF DEATH | | | Y YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJUI | RY IN ITEM 18 PART 1 OR PA | ART 2) |
| IVISION | iter this of the burner or the | MEDICAL | 21d INJURY OCCURRE | | 21e PLACE (AT HOME ST | OF INJURY REET, FACTORY, OFFICE, FA | RM, ETC) | 211 LOCATION STREET | CITY OF TO | WN COUN | NIY STATE |
| N - | CTOR A for use of Healt | | 220.1 certify that (1) (the saw the deceased above, (1) (we) (did | alive an | 00 | 10 10 | AP | nd that in (my) (our) apinian | to death accurred on the do | ate and haur and Ira | that (I) (we) lost im the causes stated |
| AL OR | AL DIRECTO defoched for ote Dept. of II. If Item 21 | | 276 SIGNATURE | (w) | le 1 | alleur do | | ATTENDING PHYSICIAN | MEDICAL STAF | F 1 | DATE SIGNED |
| TO HOSPIT | TO FUNERAL should be deto with the State IMPORTANT: # | | 77 PHYSICIAN'S NAM | ME (TYPE OR | | ENDEZ, 1 | eD. | 5820 YO | , | • | mo 21218 |
| | P | - | BURIAL, CREMATION, RE | MOVAL | 236. DATE 11/1 | /86 Z3c. N | AME OF C | emetery or crematory ne Pk. Cemete | | | |
| DHM | AH - 16 60M 7/84 (VRA 15, 4) | - | uzdžinski F | unera | 1 Home | PA 1407 | Old H | Castern Ave | T 3 1 1986 | 25 REGISTRAR'S SIG | GNATURE |

Acres Margaret Falves Devoier 30, 1988 From Semilo All'se July 2, 1988 From Semilo All'se Semilo Sem

unish 1 11/1/86 Larrains Sk. Cemetery celtimore Md.

Marshall W. Jones, Jr. FH 4101 Edmondson Ave.

DHMH - 16 60M 7/84

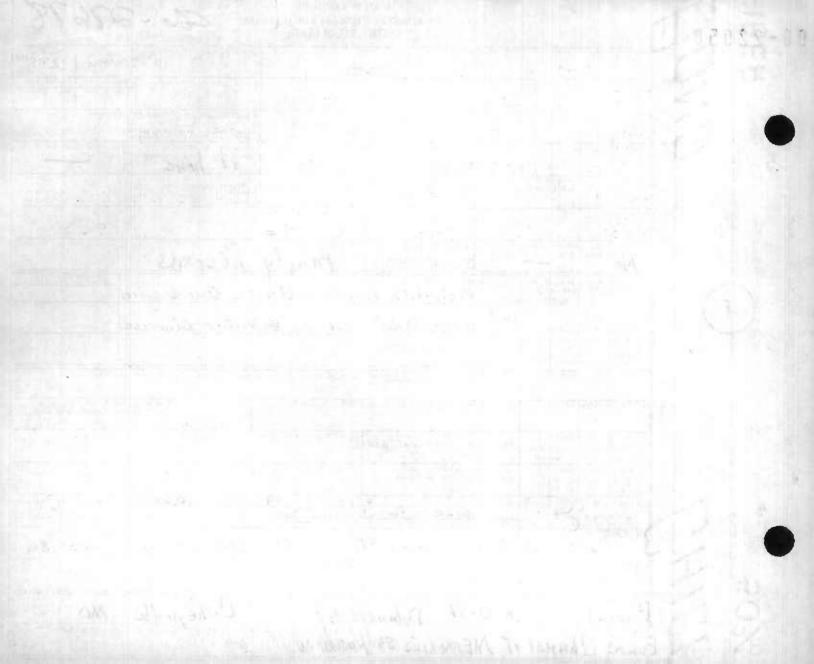
(VRA 15, 4)

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| 0 | 000 | 200 | ^ | | FOR STATE REGISTRAR | | | | MENT OF I | E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH | IENES & | 2 NO. | 7.6 | 77 |
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| 0 - | 1.4 | ال ۽ | Ö | | CEASED NAME | IZABE | П | K. | NEWL | AND | 20. DATE OF DEATH | 10 2 | DAY YEAR | 25. HOUR 5:40 A |
| | nay b | o de o | | 3. SE | | .IZADL | 4 RACE | Ν• | 5. DATE (| 1.1747 | 6 AGE (IN YEARS LAST B | | IF UNDER 1 YEAR | 701 |
| | 3e 4 | rs afte | | 1 | Female | 0-6 | Whit | e | | 29, 1909 | 77 | YRS | MONTHS DATS | HOURS MIN. |
| | 2 | 200 | 532 | 70 B | RTHPLACE (STATE OR FOR | REIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 | D NEVER MARRIED | 9 BALTIMORE CITY | OR COUNT | | |
| | 1000 | 15 | 8 | | MD | 1 | | SA | WIDOW | DE DIVORCED | BALTIMORE | | | MD. |
| 10 L | - | | 100 | 2 | TOWSON | 1 | GREATE | R BALTIMORE | MEDIC | DR OTHER INSTITUTION L CENTER | 120 USUAL OCCUPA (TYPE OF WORK FOR MOST Homem | OF WORKING | IFE) INDUSTRY | n Home |
| AND 24 | n 24 IIII | Sold be | 2 | 13a. | AL RESIDENCE (IF NUIL) | B. COUN | | 13t. CITY OR TOW Balto | N | YES 🛛 NO 🗌 | 136.STREET ADDRESS 707 E . 3 | 7 ZIP COE 37th | Št., 2 | 1218 |
| \RYL | withi | d 2 s | 10 | V | ATHER'S NAME FIRST | | AIDDLE | LAST | | 15. MOTHER'S MAIDEN NA/ | MIDDLE | 1197 | LA | ŞT |
| , MA | 1 | d č | 20 | - | John vas deceased ever in | | nrad D | | | Lizzie | Ma | | Eisen | hardt |
| BALTIMORE, | (| 1 | 12 | 1 | | | WAR OR DATES) | 215 05 | | Warren B. | | | | ND |
| ST., BAL | prificote | d out | sount. | | 18 CAUSE OF DEATH PART I. DEATH WAS | | y one couse per DBY: E CAUSE (o) | CARDIORESP | dres.) IRATOR' | ' ARREST | | | APPRO) BETWEEN | MATE INTERVAL ONSET AND DEATH |
| DS, 201 W. PRESTOI | quires that the death | signed by the arrend hen please remove ca ta buriol, cremation a | jury, ar ather traumat | N | Conditions, if any, or gove rise to imme cause (a), stating underlying cause PART 2 OTHER SIGNIF | diote the lost | DUE TO, O | R AS A CONSEQUENCE OF THE PROPERTY OF THE PROP | ENCE OF | CE 2° PANCREATIC NOT RELATED TO THE TERM GASTROJEJU | CA S/P CHOLE | CYSTOJ IOJEJUN | EJUNOSTOM | Y 2X |
| AL RECOR | he law rean. | t permit. T | i vio s | CERTIFICATION | 19a DATE OF OPERATION | _ UAUIN | 19b. COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YI IN CERT | ES, WERE FINDI | NGS USED |
| DIVISION OF VIT, | SICIAN: T | rial-tr ental | Hem 18 sh | MEDICAL CER | 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF EITHER, NOTIFY MEDICAI | USE OF DEA | Ρ. | M. MONTH D M. | AY YEAR | 21c. HOW INJURY OCCURE | RED (ENTER NATURE OF IN) | IURY IN ITEM 18 | PART 1 OR PART 2} | |
| IVISIO | ING PHY | as the bu | orked or | WED | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | | | OF INJURY REET, FACTORY, OFFICE, I | ARM ETC.) | 21f. LOCATION STREET | CITY OR T | OWN | COUNTY | STATE |
| | ATTENDIA | far use of Healt | 21 is mo | | 22a.1 certify that (1) (1) | vulive on. | 10, | 29 19 | 86 10/1 | 5 19.86 nd that in (my low) opinion (| to 10/29 death occurred on the | | | that (1) east |
| • | MALOR A | detached | E # # | | THE SIGN STORE | and | m. | mas | 700 | | MEDICAL ST. | AFF ICIAN X | 22c. DATE | 39/86 |
| | TO HOSP retained to | should be | MPORTAN | 20 | Stephani | ė l | n. M | AJUN) | no. | Gamc. | | | | / |
| | BP_ | | 1 | | SURIAL, CREMATION, RE | MOVAL | 23b. DATE | | | EMETERY OR CREMATORY | 23d. LOCATION CITY OR TOWN | | COUNTY | STATE |
| | | | | | Burial INERAL DIRECTOR H | enn | 11/1/ | enkins & | Son | | Woodl E REC'D. BY REGISTRA | | TRAR'S SIGNA | MD TURE |
| | DHMH - (VR) | 16 60M A 15, 4) | 7/B4 | 4 | 905 York F | Road | | o., MD | | 212 00 | 30 1986 | | LAUR BOARD | |

definition is a series of the of the state of th (1.1) Hanny W. Jenkins E sons Lo. 450 Your 100 - 150., who state 100 will be 150 minuted by 150 minu

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00-22058 CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 12 nepn TYPE OF PRINTS 20/86 Mabel Newman 4. RACE 5 DATE OF BIRTH 3 SEX AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. Female White 1896 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Maryland Baltimore county WIDOWED DIVORCED [ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Cardinal Shehan: Stella Maris Baltimore MONIE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 5212-D Loch Raven Blvd. 21212 NUCCUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Baltimore Maryland YES [NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Spence Charles F Evans 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT THE YES GIVE WAR OR DATEST 212-03-0092 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), 1 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF Severe afterosclerotic Hascular Dinease Conditions, if any, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o). FICATION 19n DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? CERTII NOM NO [YES M 710 ACCIDENT WAS UNDERLYING 21h TIME OF INTURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220 I certify that () (this hospita) ottended the deceased fram. 10 20 19 86, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated obove (1) we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22¢ DATE SIGNED elexandes M. ATTENDING MEDICAL STAFF 20186 PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS CARLA S. ALEXANDER 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION OCKEYSUILE 10-23-86 JURIA 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 LAPEL OF MENNORTES 8800 NAMEDED KU (VRA 15, 4)

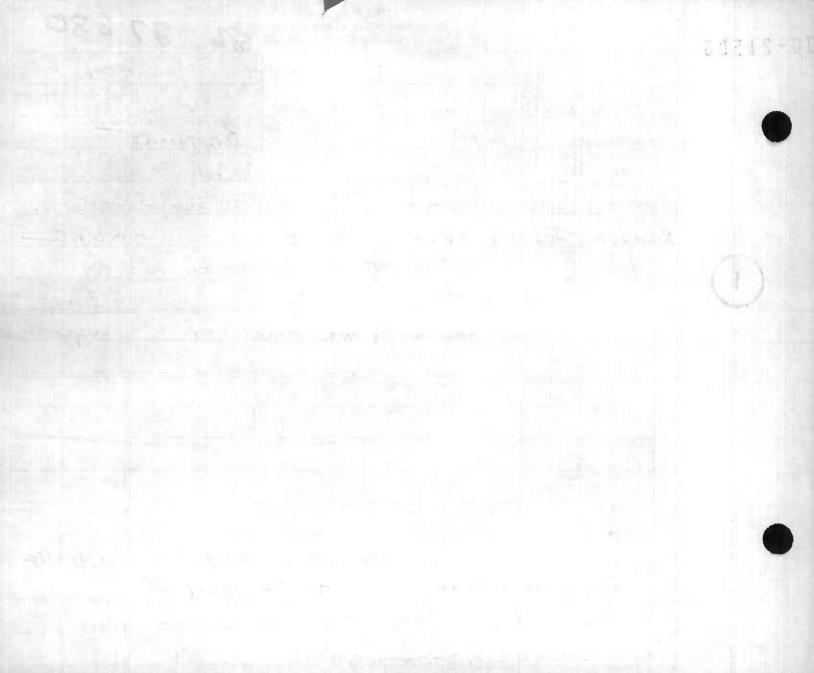


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|-------------|--|-------------------|----------------------|---------------------------------------|--|---------------|--------------------------|--|---------------------------|---|
| 00- | 21201 | | - STATE REGISTRAR | | | | ATE OF DEATH | REG. NO | 01 | 617 |
| 0 0 | 21301 | , | I. DECE ASED NAME | FIRST | MIDDLE | *AST | | | MONTH DAY Y | EAR 25 HOUR |
| | y be ge 3 leoth | | TIPE OR PRINTP | livian | DixON | NO | CK | | 10-11-8 | 6 3:10 PM |
| | T po | | 3. SEX | 4. RACE | | 5. DATE OF E | BIRTH YEAR | 6 AGE (IN YEARS LAST BIR | | TYEAR IF UNDER 24 HRS |
| | mecto His of | | Female | W | hite | 10- | 6 - 16 | 70 | YRS | DATS HOURS MIN. |
| - | 4 70 3 | 23 | BIRTHPLACE (STATE | | OF WHAT COUNTRY | Y? 8 MARRIED | NEVER MARRIED | BALTIMORE CITY O | _ | 1 |
| | 1 110 | 0 | VH | | 5. <i>H</i> . | WIDOWED [| | | ore Coun | MD. |
| - 0/ | 1/2 | 55 | OCITY OR TOWN OF | (IF NOT | E OF HOSPITAL, NURS | ET ADDRESS) | | 12a USUAL OCCUPATION OF WORK FOR MOST OF | F WORKING LIFE) INDUS | |
| 7 20 | 13 | 10 | JOW 561 | URSING HOME OR OTHER INSTITU | | HOSPIT | al | HOMEMAKE | ER OU | VN HOME |
| 0 2 | 1 13 | \mathcal{F}_{i} | 130 STATE | 136 COUNTY | 13c. CITY OR TO | WN 13 | INSIDE CITY LIMITS? | 13e STREET ADDRESS | | 1. 212-2 |
| YEA | 1 | 3 | IN U. | | Baltin | nore 15 | MOTHER'S MAIDEN NA | | HE HIOME | da 21239 |
| MAR | the state of the s | P | NEL: | MIDDLE | DIXON | | M POV | MIDDIE | 6-07 | LAST |
| RE, | ecut S o o | 200 | 160 WAS DECEASED EV | ER IN U.S. ARMED FORC | ES? 166 SOCIAL SEC | | INFORMANT | ADDRE | SS | 30/ |
| IWO | Pag . | 1 | (YES, NO OR UNKNOWN) | (IF YES, GIVE WAR OR DAT | 1214-5 | 4-5799 | TUDITH W. | FLOWERS | BALTO. | . mD. |
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| × | y the | | couse (a), sto | iting the DUET | O, OR AS A CONSEO | UENCE OF | | | | |
| 201 | es the | | | 10 | c)() | DEATH BUT NO | OT RELATED TO THE TERM | NAME OF STREET | | |
| SOS, | sign Then to bu | | Z OMEKS | GIVIFICANT CONDITION | V3 CONTRIBUTING TO | DENTI BUT NO | OF RELATED TO THE TERM | INAL DISEASE OR CONL | SHON GIVEN IN PA | RI IIa |
| RECORDS | beer mit. | 11 | 190 DATE OF OPE | RATION 196 CI | ONDITION FOR WHIC | H OPERATION V | VAS PERFORMED | 20a AUTOPSY? | 206. IF YES, WERE F | INDINGS USED |
| AL R | he long. | 1 | HE I | | | | | YES NOT | IN CERTIFYING CA | NO |
| Y. | hysica ficate fransi 1 Hygie | 11 | OR CONTRIBUTION | | ME OF INJURY IR A.M. MONTH | DAY YEAR | LE HOW INJURY OCCURR | RED (ENTER NATURE OF IN UR | Y IN ITEM 18 PART I OR PA | RT 2) |
| DIVISION OF | SICIA ng ph certifi certifi entol | 7 | (IF EITHER, NOTIFY M | EDICAL EXAMINER) | P.M. | 19 | OF THE PARTY OF | | | |
| Sio | PHYSI tending this ce he burn ad Mer | / | 21d. INJURY OCCI | | ACE OF INJURY ME STREET, FACTORY, OFFICE | E, FARM ETC) | I LOCATION STREET | CITY OR TO | WN COUN | TY STATE |
| <u>≥</u> | After After and and and arke | W. g | AI WORK AI | WORK | | 101 | 4/0/ | 101 | 11 8 | |
| | OR. OR. | | 22a. I certify that, | osed alive an | ed the deceased Iram | 77 | hat in my (our opinion o | eath occurred on the do | te and how and lear | mar diversion |
| | RECT RECT red for | | 22b. SIGNATURE | did (tot) view the t | body after death. | 0 8 | GREE | account occorred diffine place | | DATE SIGNED |
| | the the property of the proper | | | (OViall | Do, M. |) . | ATTENDING | MEDICAL STAF | | 0/11/8/ |
| | SPIT A by | 1 | 224. PHYSICIAN'S | NAME (TYPE OR PRINT) | | 2: | Re ADDRESS | DIRECTOR PATSIC | 7/2 | L 14. V DI |
| | etoined be TO FUNE should be with the S | / | L. C | SBALLL |)5 | | ST. JOSEPH | 'S HOSPITH | 11 - +6d | O - WOLK KO |
| | O g O d w | | 30 BURIAL, CREMATIO | N, REMOVAL 236. DAT | E 23c | NAME OF CEM | ETERY OR CREMATORY | 23d LOCATION | 1 VW | SON, MI) JUZZ |
| | BP | | Burial | | | | of Faith | Balto. | County, | MD STATE |
| | DHMH - 16 60M 7/ | B4 | 24 FUNERAL DIRECTOR | 110.11 3 | ADDRESS | & Sens | Co. 250 DAZI | BECD BY RESIDER | 256 REGISTRAR'S SIG | SNATURE |
| | (VRA 15, 4) | | 4905 York | Road Bal | lto., MD | 21212 | | | | |

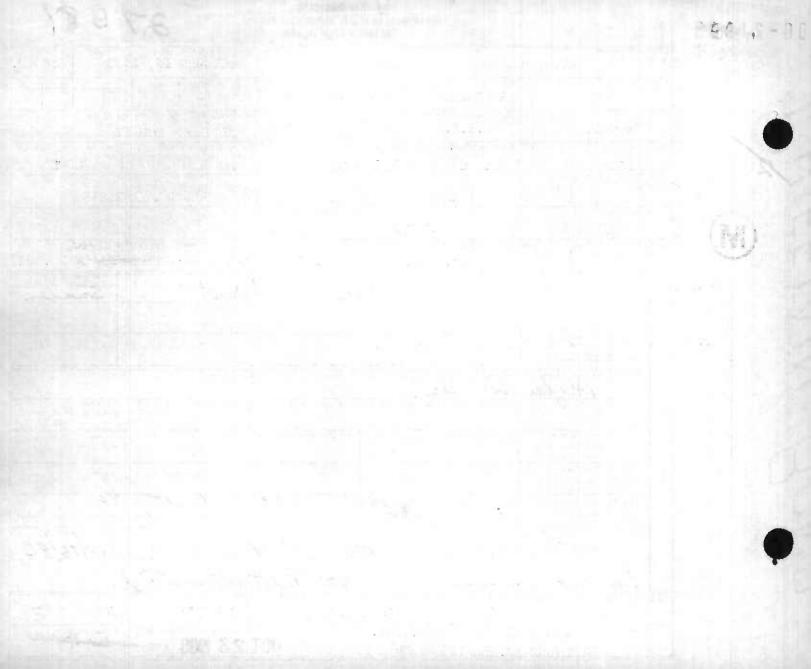
elo. cur, 1 /1 se can an af Fain uein Fenne d. Janine d. Janes J. ALE York to ltm., No 21 18

| 15 | 86 | | 1- | FOR STATE REGISTRAR | | | DEP | ARTMENT OF H | EALTH AND A | | ENE STO REG. N | 21 | 7 68 | 70 |
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| ted within | | 6 | 0 | THER'S NAME FIRST LITARI) | 768 E | EP4 | NO 2 | AN | Au | MAIDEN NAM FIRST VE | WIDDLE | H | tARDIA | VC |
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| the death of the attending | remotion or ther troumatic | | | Conditions, if ony, w gove rise to immed couse (a), stating underlying couse | liote | - (b) | Gares | EQUENCE OF | Anter | iosel | erosis | | 209 | cors. |
| quires the | hen pleas o burial, jury, ar o | | Z | PART 2 OTHER SIGNIFI | | (c) NDITIONS CO | ONTRIBUTING | TO DEATH BUT | NOT RELATED | TO THE TERMI | nal Disease or Con | IDITION GI | VEN IN PART 110 | |
| an. has been | ene priar t aws any in | 4 | CERTIFICATION | 19a. DATE OF OPERATIO | Ν | 196. CONDI | TION FOR WI | HICH OPERATIO | N WAS PERFO | RMED | 200 AUTOPSY? | IN CERTI | S, WERE FINDIN FYING CAUSES (| GS USED OF DEATH? |
| g physical | ind-transi entol Hygi tem 18 sh | g | | 21g. ACCIDENT WAS UNDERLOR CONTRIBUTING CAUS | SE OF DEATH | 216. TIME O HOUR A./ P./ | M. MONTH | DAY YEAR | 21c HOW IN | JURY OCCURRI | ED FENTER NATURE OF INJU | IRY IN ITEM 18 | PART 1 OR PART 2) | |
| offendin ter this o | h ond Me | | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | | 21e PLACE (| | FICE, FARM, ETC } | 211 LOCATIO | N | CITY OR TO | OWN | COUNTY | STATE |
| Spital ar | for use of Healt of Healt | | | 22a. I certify that (I) (the saw the deceased above (I) (we) (did) | olive on | | | | ed that in (my) | (our) opinion d | , to eath occurred on the d | | | hat (I) (we) last couses stated |
| TAL OR Jy the ho | detached tate Dept | | | 276. SIGNATURE LE | To | ode | | u W | | | MEDICAL STA | FF CIAN [| 22c. DATE S | 17/86 |
| O HOSPITAL erained by t | should be d with the Sto IMPORTAN | | | 220 PHY SICIAN'S NAME | · Ge | 000 4 | | | 22e ADDRES | 315K | . Paul | P | • | |
| BP | | | (| URIAL, CREMATION, REA | 1 | 1 0 -20- | | Sisters | | re Dame | | | aryland | STATE |
| DHMH - 10 (VRA | 5 60M 7/ 15, 4) | B4 | | NERAL DIRECTOR ICK TOWSON F | 'unera | l Home | ADDR. | 1050 Yo | rk Rd. Md.2120 | | REC'D. BY REGISTRAR | 1756. REGIS | TRAR'S SIGNATU | JRE |

STATE OF MARYS AND



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| 2 963 | | REGISTRAR | MIDDLE | CERTIFICATE OF DEATH | REG. NO. | YEAR 25 HOUR |
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| ral dire | 7a BII | RTHPLACE ISTATE OF FOREIGN OUNTEREST | 76. CITIZEN OF WHAT COUNTRY? U.S.A. | MARRIED NEVER MARRIED WIDOWED XX DIVORCED | 9. BALTIMORE CITY OR COUNTY OF DE BALTIMORE COUNTY | ATH |
| Office within | | Y OR TOWN OF DEATH PIKESVILLE | (IF NOT IN SUCH FACILITY, GIVE STREET JEWISH CONVALES | ADDRESS) CENT HOME | TYPE OF WORK FOR MOST OF WORKING LIFE) IND | KIND OF BUSINESS OR DUSTRY HOME |
| filled in | 13a. S | TATE MD | ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW BALTO | N 13d INSIDE CITY LIMITS? YES 1 NO 1 | 13e STREET ADDRESS / ZIP CODE 4004 FORDS LANE 212 | 215 |
| MAR BOO | 14. FA | THER'S NAME FIRST STANLEY | EPSTE I | N IS. MOTHER'S MAIDEN NA | MIDDLE UNKNOW | WN LAST |
| | | VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) IF YES, GIV | RMED FORCES? 16h SOCIAL SECU VE WAR OR DATES) 217-52-7 | | MILLER 6808 TIMBERS | |
| been signed by the min. Then please re prior to buriel, cree | CERTIFICATION | 1211 | emens Ars. | | | PART Tro |
| N. The It hysician. Italiansi per Hygiene | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | HOUR A.M. MONTH DA | AY YEAR | YES NO YES THE PART TOR | № □ |
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| ATTENDIN spital or CTOR: Af for use a of Health | | saw the deceased alive an | ital) attended the deceased from 19 10t) view the bady after death. | 70/13 . 19 8 1 86 . and that in (my) (aur) opinian | death occurred an the date and hour and fr | that (I) (we) last |
| TAL OR A by the has RAL DIREC detached fate Dept. | | 27b SIGNATURE | omer | DEGREE ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 10/16/8C |
| SPIT d by d by NER Dec Ste | 1 | 1 | 0 | 600 Resh | teston Pl | 1 |
| TO HOSPITAL TO FUNERAL should be der with the Store | 22. 0 | URIAL, CREMATION, REMOVAL | 1236. DATE 123c.1 | NAME OF CEMETERY OR CREMATORY | 1238 LOCATION | |



| | | | | | | | | E OF MARYLAND | | | |
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|) - | 215 | 90 | | 1 - | FOR STATE REGISTRAR | DI | | EALTH AND MENTAL HYG | IENE BON | . 27 | 682 |
| | | | | | CEASED NAME FIRST | MIDDLE | | AST | 20 DATE OF DEATH | MONTA DAY | YEAR 26THOUR |
| | Pe | page 3 | | (1111) | Wa1 | ter OBARA Sr | | | October 1 | 9, 1986 | 5:10a м |
| | ge (o | . 0 | | 3. SE. | | 4 RACE | 5. DATE O | | 6. AGE (IN YEARS LAST BIR | THDAY) IF UNDER | |
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| 4 | 2 | - dir | 27 6 | | RTHPLACE (STATE OF FOREIGN | 76. CITIZEN OF WHAT COL | INTRY? 8 | D NEVER MARRIED | 9. BALTIMORE CITY O | | ATH |
| | deoth. | nero | 0 | | ENNSYLVANIA | USA | WIDOW | | Baltimore | County | MD. |
| | 1- | with. | 0 | 10. C | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, | | OR OTHER INSTITUTION | 120. USUAL OCCUPATI | ON 12b. 1 | CIND OF BUSINESS OR |
| 0 | 12 | ed t | notif | R | OSSVILLE | FRANKT.TM | SOLIARE | HOSPITAL | LABORER | * WORKING LIFE) / INDI | STEEL |
| LAND 2120 | hood | d be | t pe | USU. | AL RESIDENCE (IF NURSING HOME STATE 136 COI | OR OTHER INSTITUTION, GIVE RESIDEN UNTY 13c. CITY C | CE BEFORE ADMISSION) | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS | ZIR CODE | |
| ND | 1 24 | filler | E . |]V] | ARYLAND BAI | TIMORE ROSE | DALE | YES NO A | 8702 DeI | legge Rd | . 21237 |
| KY17 | this . | etely 2 sh | u u | 14. FA | THER'S NAME | MIDDLE L | 451 | 15. MOTHER'S MAIDEN NA | ME | | |
| MARY | p v | TO THE PARTY OF | exomine | | ANDREW | O'E | BARA | MARY | MIDDLE | | LAST |
| ய | recut | nd co | medical | | VAS DECEASED EVER IN U.S. A | ARMED FORCES? 166. SOCIA | AL SECURITY NO. | 17. INFORMANT | ADDRE | SS | |
| BALTIMOR | 9 | Pog | Be | , | NO | 213- | 09-2164 | ANNE O'BAR | A 8702 De | Legge R | d. |
| SALT | # | person in | t, the | | 18 CAUSE OF DEATH (Enter | anly one cause per line far (o), | | | | BE | APPROXIMATE INTERVAL |
| ST., I | office | d du | e ve | | PART I. DEATH WAS CAU | SED BY Cardi | ac Arrest | | | | |
| | - | 180 | pfic | | | DUE TO, OR AS A COL | NSEQUENCE OF | | | | |
| PRESTON | 1 4 | Ton. | 50 | | Conditions, if any, which | (b) Myncar | 1 1 1 1 | rction and Ca | rdiogenic S | hock | |
| , P.R. | 1. | 111 | Jer fr | | gave rise to immediate cause (a), stating the | DUE TO, OR AS A COM | NSEQUENCE OF | | | | |
| 201 W. | 1 | ol. o | 0 10 | | underlying cause lost. | (c) | | | | | |
| 5, 2(| - Sire | en p | ٥, ٢ | 7 | PART 2 OTHER SIGNIFICAN | t conditions <u>contributi</u> | NG TO DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVEN IN P | ART Ira |
| ORD | redi | t. The | Ž | CERTIFICATION | | | | | | | |
| REC | 30 | permi | 50 | ICA | 190 DATE OF OPERATION | 19b CONDITION FOR | WHICH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WERE IN CERTIFYING C | FINDINGS USED AUSES OF DEATH? |
| TAL | The | | of _ | RTII | 46619611711161417111111 | C. All Time of hillips | | | YES NO X | YES [| NO 🗌 |
| DIVISION OF VITAL | IAN | Inficote I-tronsit of Hygie | 20 | | 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E | 21b. TIME OF INJURY HOUR A.M. MON | TH DAY YEAR | 21c. HOW INJURY OCCURE | RED (ENTER NATURE OF INJUR | RY IN ITEM 18 PART I OR P | ART 2) |
| OZ | PHYSICIAN: | or in | Hen | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMIN | | 19 | AN 1001710N | | | |
| ISIO | | this he b | o po | MED | 21d. INJURY OCCURRED | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, | OFFICE, FARM, ETC.) | 211 LOCATION STREET | CITY OR TO | wn cou | NTY STATE |
| 2 | DING | After os t | a vork | | AT WORK AT WORK | | Notaba | 17 00 | 0-4-1 | 10 00 | |
| | END o | r use | I S I | | 220.1 certify that (this has | | | or 17, 1986 | october | | |
| 4 | ATTA | ECT ed fo | E | | 22b SIGNAPURE | ivi) view the bady after death | | | | | |
| | he on | | # | | TY AW | our our | | DEGREE ATTENDING | MEDICAL STAF | F | DATE SIGNED |
| | orral by t | JNERAL d be det he State | ž - | | 22d. PHYSICIAN'S NAME (TYPI | E OR PRINT) | | PHYSICIAN [| DIRECTOR PHYSIC | IAN 1 | 0-19-86 |
| | HOSPIT | FUNERAL | MPORTAN | | | OCHA | | 9000 Frankl | in Square D | rive 212 | 37 |
| | TO HOS | should b | <u> </u> | 22- 5 | 1111 | - | T22. NIA 115 05 0 | | | 1146, 212 | 37 |
| | | | | - 1 | URIAL, CREMATION, REMOVA | 1 1-1 | | EMETERY OR CREMATORY | 23d. LOCATION | COUNT | |
| | ВР | | | | RIAL | 1 10/21/86 | LSACREI | HEART MAR | | BATT | O. ND. |
| | DHMH | - 16 60M 2 VRA 15, 4) | 7/84 | | Garage V V | 1211 CAE | DRESS | n n | CT 2 0 1986 | C. KEOISI KARA | DINA LOKE |
| | UHMH | | //84 | | Aure D JA | 1)11 CAD | DRESS | 0 | CT S O 1986 | | |

| | 1, | FOR STATE | DEPAR | STATE OF MARYLAND IMENT OF HEALTH AND MENTAL I | HYGIENE R | 27 58 3 |
|--|---------------|--|---|---|----------------------------------|---|
| 20140 | | REGISTRAR | | CERTIFICATE OF DEATH | REG. NO | |
| o wŧ | | CEASED NAME FIRST E OR PRINT! SEBASTIAN | MIDDLE ANDO | LAST | 20. DATE OF DEATH | |
| poge poge | 3. SE | | | S. DATE OF BIRTH | 10-4-86 | " |
| lor. p | 3. 56 | | 4. RACE | MONTH DAY YEAR | 6. AGE (IN YEARS LAST BIRTH | MONTHS DAYS HOURS MIN. |
| ect ect | 2. 0 | MALE IRTHPLACE (STATE OR FOREIGN | WHITE | 2-9-29 | 57 | YRS |
| 1197 | | New York | 76. CITIZEN OF WHAT COUNTRY USA | MARRIED WEVER MARRIED WIDOWED DIVORCED | BALTI | MORE COUNTY MD |
| W 138 | 10 0 | BALTIMORE | 11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE SIRE ST JOSEPH | | 120 USUAL OCCUPATION OF Salesman | WORKING LIFE) INDUSTRY |
| ted within 2 thousand and a condition of the condition of | 13a. | MD BATHER'S NAME Gandolfo Orl | ALTIMORE BALT | IMORE YES NO ST 15. MOTHER'S MAIDEN Tillie | DiMartino RO | EIGH RD |
| on ond co | | WAS DECEASED EVER IN U.S. AF (1F YES, GP | RMED FORCES? 166 SOCIAL SEC 054-24- | | rlando S | Same |
| free filt ate or | R | | nly ane cause per line far (a), (b), c ED BY: TE CAUSE (a) MYOCAN DUE TO, OR AS A CONSEQ | and symperior pr | 2 | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 Hours |
| quires that the ecoth signed by the cities her please remove co to buriol, cremotion, c ijury, or other fraumo | Z | Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT | DUE TO, OR AS A CONSECUTION CONDITIONS CONTRIBUTING TO | MAIN (MAIN) NOT RELATED TO THE TO | erminal disease or cond | ITION GIVEN IN PART 1(0) |
| low re ss been ermit. I e prior | CERTIFICATION | 190. DATE OF OPERATION | 196 CONDITION FOR WHIC | H OPERATION WAS PERFORMED | 20a AUTOPSY? | 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO |
| PHYSICIAN: The ending physician this certificate he buriol-trionsity had Mental Hygien dor item 18 show | | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | ATH HOUR A.M. MONTH | DAY YEAR | CURRED (ENTER NATURE OF INJURY | |
| NG PHYS offending ther this cost he bur th and Me | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE | 211 LOCATION | CITY OR TOW | N COUNTY STATE |
| ATTENDI ospital or ECTOR: A differ use it of Heoli m 21 is mi | | saw the deceased alive an | at) ottended the deceosed from | | on death accurred an the dat | e and haur and from the causes stated |
| by the hor by the hor by the hor by the hor be detoched e detoched and: If her | | 220 PHYSICIAN'S NAME (TYPE | Janher mo | DEGREE ATTENDING PHYSICIAN 22e ADDRESS | MEDICAL STAFF | 221 DATE SIGNED 1174/86 |
| TO HOSPITAL retained by the TO FUNERAL is should be deto with the State I IMPORTANT: if | | ROBERT. | PARKER, Mi | D. GOODS, | AMARITAN | HOSDITAL 21239 |
| BP | 1 | BURIAL, CREMATION, REMOVAL Entombment | | NAME OF CEMETERY OR CREMATOR Oulaney Valley | Timonium, | Baltimore Co., Md. |
| DHMH - 16 60M 7/B4 (VRA 15, 4) | | uneral director tchell-Wiedefel | d Home, Inc. Ba | 6500 York Rd. 250.1 1to., Md.21212 0 | CT O 6 1986 | S. REGISTRAR'S SIGNATURE |

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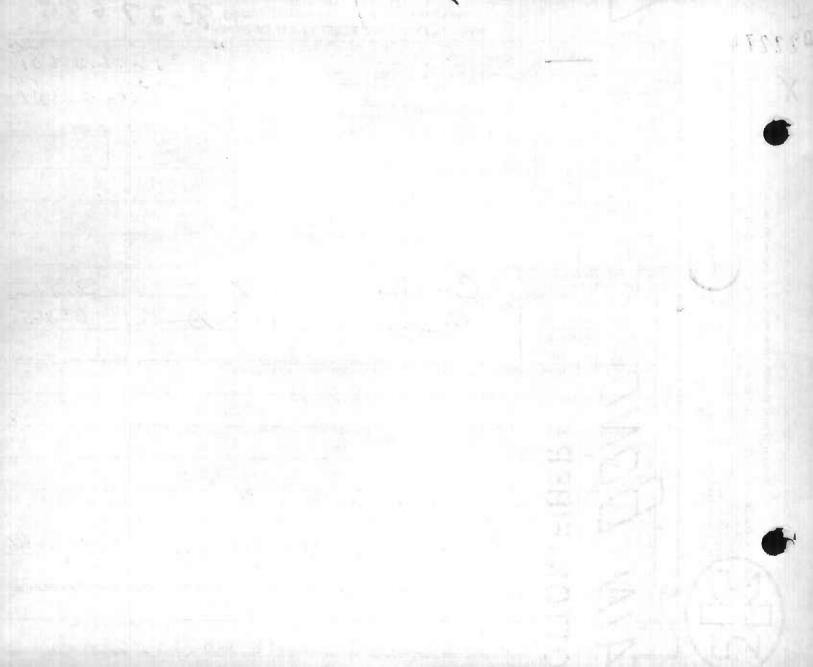
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LABOR DE CONTRACTOR DE LA CONTRACTOR DE CONTRACTOR DE CONTRACTOR DE CONTRACTOR DE CONTRACTOR DE CONTRACTOR DE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH 00-21-229 Beulah Orndorff October 15 1986 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) 3. SEX IF UNDER 1 YEAR F UNDER 24 HRS June 15, 1903 Female Caucasian To. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIEN NEVER MARRIED Pennsylvania U.S.A. Baltimore County DIVORCED [10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR e of work for most of working life) Housewife Pikesville 21208 Avenue 130. STATE Maryland Baltimore Pikesville 13 . STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 1211 Glenback Avenue 21208 A FATHER'S NAME 15. MOTHER'S MAIDEN NAME Elmer Beck Grace Shellenberger ADDRESS 1211 Glenback Ave. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT 204-05-1340 Mr. William Orndorff Pikesville, MD. 21208 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and ic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the Canditions, if ony, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFEITHER NOTIFY MEDICAL EXAMINERS P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY OFFICE, FARM, ETC 1 NOT WHILE 220 I certify that (1) (this haspital) attended the deceased from saw the deceased alive on above, (I) (we) (did) (did not); and that in (n) (aur) apinian death occurred on the date and have and from the causes stated DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN - DIRECTOR PHYSICIAN -22e ADDRESS mandalls form 23a. BURIAL CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION I SPECIFY) CITY OF TOWN 10/18/86 Burial Prospect Hill Cemetery York York Pennsulvania FUNERAL DIRECTORS, Inc. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 8728 Liberty Road Randallstown, MD. (VRA 15, 4)



STATE OF MARYLAND FOR - STATE REGISTRAR DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) EST! MARGARET R. ORTMAN DEATH MATE 4. RACE AGE (IN YEARS IF UNDER 1 YR. DATE LAST BIRTHDAY PRONOUNCE 9 Female White 73 TO CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Balto. City County U.S. Maryland WIDOWED DIVORCED E ID CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE! 1027 Windsford Rd. Cook Church Towson USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a STATE 136 COUNTY 1027 Windsford Rd. 21204 Md. Balto. Towson 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE Medinger Eva Mary Spencer 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Elkton, Md. Chapel No 216-05-5322 Ms. Jane K. Rhodes CAUSE OF DEATH (Enter only one cause per ling APPROXIMATE INTERVAL W. PRESTON ST. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO: OR AS A CONSEQUENCE OF Canditians, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR ONSEQUENCE OF lying cause lost. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? USED / 20. AUTOPSY? YES [NO D 21e EXTERNAL CAUSE WAS 71b. TIME OF INJURY 2) CHOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21f LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE WHILE AT WORK AT WORK COUNTY WHILE Inspection 22a I certify that I took charge of the remains described above, held an Autopsy and in my opinion Undetermined monner death resulted from Natural causes Homicide EXECUTE THE CERTIFY
PAGE 4 SHOULD BE
TO FUNERAL DIRECT
AFTER DEATH, WITH
RAITIMORE, MARYL EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE 10-22-86 BP Removal 250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 17 ADDRESS (VR A)5 ME (5)) Balto., Md. Anatomy Board 20M 4/82



| | | | -1 | , | FOR | | DEP | | E OF MARYLAND EALTH AND MENTAL H | YGIENE | 27 | 16 8 | 76 |
|---------|---------------------------------------|--------------|-----|---------------|--|----------------------------|---------------------|------------------|-------------------------------------|---|---------------------|----------------|--|
| - 7 | 144 | 9 | | 1- | STATE REGISTRAR | | | CERTII | ICATE OF DEATH | B O REG. N | | | |
| - | | | | | EASED NAME FIRST | 14000 | WIDDIE | Territoria del | AST | 20 DATE OF DEATH | MONTH DAY | YEAR 21 | b HOUR |
| | age 3 | | | (1 | | ces F. | OTT | | | October 15 | | | 0:35P M |
| | DO . | 5 | | 3 SEX | | 4 RACE | TO DO | S. DATE | | 6. AGE (IN YEARS LAST BIR | THDAY) IF L | | F UNDER 24 HRS |
| _ | a di | | -1 | Fe | male | Whit | e | 12 | -20-1898 YEAR | 87 | YRS. | | |
| | /63 | 1 | 72 | a BIF | THPLACE (STATE OR FOREIGN | 76 CITIZEN O | F WHAT COUN | TRY? | D NEVER MARRIED | 9 BALTIMORE CITY | R COUNTY OF | DEATH | 12.5 |
| | 1 | X | | Pra | tt, MD | USA | Hirth B | WIDOW | DIVORCED [| □ Baltimore | | | MD. |
| -8 | 1 | 1 | 7 | | to. County | (IF NOT IN S | UCH FACILITY, GIVE | | ital | 128 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Home Make | OF WORKING LIFE) | 126 KIND OF E | BUSINESS OR |
| ND 212 | Te hour | T de | A | | L RESIDENCE (IF NURSING HOME TATE 13b. CO | | 13c. CITY OR Cumber | TOWN | 134. INSIDE CITY LIMITS? | 13e.STREET ADDRESS 428 Walnut | | mberla: | nd 21502 |
| Y Z | 100 | 1 | 13 | FA | THER'S NAME | | | | 15 MOTHER'S MAIDEN | NAME | | | |
| | 1 1 | /1/ | 0 | | Asbery | MIDDLE | Perdew | | Emily | MIDDLE | | Johns | son |
| ui W | 200 | 1 | h | lie V | AS DECEASED EVER IN U.S. | | 144 SOCIAL | SECURITY NO. | 17 INFORMANT | ADDR | ESS | | |
| W | 0 0 | med | 2 | Mary N | NO OR UNKNOWN) (IF YES. | GIVE WAR OR DATES) | 214-30 | 9733 | Bertha M. Cr | ist, 5219 Ha | zelwood | Ave. | 21206 |
| ALTI | de b | - E | | | 18 CAUSE OF DEATH (Enter | only one cause p | er line far (a), (b | or, and ici i | | | | | ATE INTERVAL |
| | phy: | mov vent | | | 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU | SED 8Y: IATE CAUSE (o)_ | Cardio | respirat | ory Arrest: | Bangrene Righ | t Foot | | |
| Z | ding Cer | or re | | | IMMED | | | | utation | | | | |
| 2 | ten then | om, | - 1 | | Conditions, if ony, which | (b) | OK WOO CONS | ceco accromp | | | | | |
| N. PR | the o | ther tro | | | gove rise to immediate cause (a), stating the underlying cause last. | DUE TO, | OR AS A CONS | EOUENCE OF | 18 | | War - | | |
| | ned by | uriol, | | | PART 2. OTHER SIGNIFICAN | T CONDITIONS | CONTRIBUTING | TO DEATH BU | NOT RELATED TO THE TE | RMINAL DISEASE OR CON | IDITION GIVEN | IN PART Ito | |
| o o | Pagura Pagura Then | to b | | NO | | | | | | | | | |
| | beer a | prior | 1 | CERTIFICATION | 198 DATE OF OPERATION | 196 CON | DITION FOR W | HICH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | | VERE FINDING | |
| | on. | e de | 4 | TIFIC | | | | | | YES NO X | YES [| | NO [|
| | ysici ysici | Hyg 8 sh | 7 | CER | 210. ACCIDENT WAS UNDERLYING | 110110 | OF INJURY | DAY YEAR | 216 HOW INJURY OCC | URRED (ENTER NATURE OF INJU | IRY IN ITEM 18 PART | I OR PART 2) | |
| 5 | P P P P P P P P P P P P P P P P P P P | nto l | 1 | CAL | OR CONTRIBUTING CAUSE OF I | DEATH | P.M. | 19 | | | | | |
| | A Property | W W | | MEDICAL | 21d INJURY OCCURRED | | E OF INJURY | rrier falls fict | 211 LOCATION STREET | CITY OR TO |)WN | COUNTY | STATE |
| | offer t | rked | | Z | AT WORK NOT WHILE | (A) HOME. | STREET, PACTORY, OF | | | | | 5.51(4) | |
| | A P | eolite mo | | | 22a.1 certify that (in this ha | spital) attended | the deceased t | om Octobe | 19 | ob 10 Ortobe | | 86, the | ot (X (we) lost |
| | TOR TOR | of H | | 77 | sow the deceased alive above, (h (well (did) (did) | Detob | er 15 | 19 86 , 0 | nd that in (ins) (our) apinio | on death occurred on the d | ote and hour ar | nd I om the ca | uses stated |
| | HOS HOS | ept ten | | | 22h. SIGNATURE | / | ay offer death. | , | DEGREE | | | 22c. DATE SI | GNED |
| | 1 4 D | te D | 100 | Ħ. | x / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | MAAAA | Lec | M | ATTENDING PHYSICIAN | MEDICAL STA | FF CIAN (X | 10/1 | 57875 |
| | d by | the Sto | 7 | | 224 PHYSICIAN'S NAME (17 | | | 1 | 22e ADDRESS | 111 | 3000 | . 26.0 | 82 Ta0 |
| | o FU | with th | | | GURUS | wa m | Y M | 10 | 78 | rukhy- | Sca | re ne | 3/0) LALY |
| | E E | \$ 3 ₹ | | | URIAL, CREMATION, REMOV | | 06 | | CEMETERY OR CREMATOR | Y 23d LOCATION | J 4.4 | คุมพูรชุ 🕶 | \$ JANE |
| | BP | | 1.5 | | ial | 10-20 | 7-86 | HILL Cr | est Cemetery | | | Tegheny | |
| DH | MH - 16 50 | OM 4/83 | | | n C. Miller, | Inc. 61 | 15 D 400 | Ed will | 21206 | CT 1 7 1986 | 256 REGISTRA | R'S SIGNATUR | RE CONTRACTOR OF THE PARTY OF T |
| | (VRA 15, | , 4) | 14 | hou | ii c. Miller, | IIIC., 04 | TO pera | TI Ka., | 21200 | 01 - 1 1900 | | | |

18 92 8 7

| | | | | | | | | | | E OF MARYLAND | | | - 23 7 |
|------------------------|--|--|-----|---------------|---|-------------|---|----------------------------------|------------------|--|--|----------------------------------|---|
| 00- | 220 | E 7 | | 1- | FOR STATE REGISTRAR | | | DEPAR | | EALTH AND MENTAL HYG ICATE OF DEATH | IENE 8 6 2 | 10 | 0/ |
| 0 0 | 9 9 | deoth / | | | CEASED NAME CORPRINT | FRE | ANCIS | D. | Po | PALARDY | 20. DATE OF DEATH MONTH | 29 86 | 26. HOUR 2:55A M |
| | ige 4 ma) rector. pa | urs after d | | 3. SEX | | | 4. RACE | Mite | 5. DATE C | DF BIRTH 3 19 19 | 6. AGE (IN YEARS LAST BIRTHDAY) YRS. | MONTHS DAYS | |
| | ivi | 日子 | 35 | | OUNTRY) | OREIGN : | 76 CITIZEN OF | WHAT COUNTR | MARRIÉ WIDOWE | | Baltimore County | | MD |
| 24 | 1 | The state of | 8 | Tor | Y OR TOWN OF DEA | 1 | (IF NOTIN SU | SOS + | EET ADDRESS) | HOSDITAL | 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LII Insurance Agent | E) INDUSTRY | of BUSINESS OR mental Life |
| MAND | 20 T 1 | havid be | 35 | 130. S Ma: | cyland | ILL COUN | OTHER INSTITUTION | 130. CITY OR TO Baltimo | NWC | 13d. INSIDE CITY LIMITS? | 130.STREET ADDRESS / ZIP CODE 1914 Wadsworth | Way | 21239 |
| MARY | ed at the | 12 3 | 00 | 1 | THER'S NAME FIRST | | J. | Palard | dy | 15 MOTHER'S MAIDEN NAME FIRST Frances | MIDDLE A. | | eller |
| IMORE | be execut | Phones | 2 | Yes | /AS DECEASED EVER ES, NO OR UNKNOWN) | | MED FORCES? E WAR OR DATES) | 16b SOCIAL SE 217-09- | | Gertrude M. | Palardy - same | as #13 | e |
| ST., BALT | cate | Town I | | 2 | 18 CAUSE OF DEATH PART I. DEATH W | AS CAUSE | ly one cause per D BY: 'E CAUSE (a) | r line for (o), (b), | and (c).) | nyelof | ibrosis. | APPRO BETWEEN | XIMATE INTERVAL NONSET AND DEATH |
| IDS, 201 W. PRESTON ST | quires that the death/certifully signed by the attend of | hen please remate a ta burial, crematen, o ijury, ar ather trabmat | | NO | DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (oil, stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 | | | | | | | | |
| AL RECORDS | he law re an. has been | ene prior | 1 | CERTIFICATION | 190 DATE OF OPERAT | ION | 196 COND | ITION FOR WHI | CH OPERATIO | N WAS PERFORMED | 1N CERTIF | S, WERE FIND FYING CAUSE S | INGS USED S OF DEATH? |
| DIVISION OF VITAL | SICIAN: T | burial-transit p Mental Hygier ar Item 18 shaw | 1 1 | - | 218. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION | AUSE OF DEA | TH HOUR A | OF INJURY .M. MONTH .M. | DAY YEAR 19 | | RED (ENTER NATURE OF INJURY IN ITEM 18. I | PART 1 OR PART 2} | |
| IVISION | AG PHYS | and and ked | | MEDICAL | 21d. INJURY OCCURR WHILE NOT WH AT WORK AT WORK | | | OF INJURY REET FACTORY, OFFIC | CE FARM, ETC) | 211 LOCATION STREET | CITY OR TOWN | COUNTY | STATE |
| | spital or | for us of He | | | 22a.1 certify that (1) saw the decease above, (1) (we) (a | | | / \ | | o - 2 q 19 86 nd that in (my) (our) opinion | death accurred on the date and hou | | , that (I) (we) last e couses stated |
| | TAL OR A yy the hor | detached tate Dept NT: If Hem | | | 22b. SIGNATURE | del | 5-54 | Henn | aus 1 | DEGREE ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | - 10- | - 29-86 |
| | O HOSPITAL stained by the | | 1 | | Adel Adel | S- | EL-H | ennac | | 22e ADDRESS | | - Osle | r Dr.21204 |
| | BP | ., 3 | | Bu | URIAL, CREMATION, SPECIFY) Cial | REMOVAL | 23b. DATE 10-31 | | Dulane | emetery or crematory y Valley | Cockeysville, | | |
| | DHMH - 1 (VRA | 6 60M 7/ | /84 | | ck Towson | Tuner | al Home | , Inc. | | | E REC'D. BY REGISTRAR 25b. REGIST 3 1 1986 Julio A | Parts SIGNA | |

| | 1 | | STATE OF MARYLAND |
|--|---------------|--|--|
| | 1- | FOR STATE | DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 2 7 0 8 0 |
| 0713 | 1 DE | REGISTRAR CEASED NAME FIRST | REG. NO. MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 20. HOUR |
| , E 4 J | | OR PRINT) | neline, Panzaeella 10-1-84 3:13Am |
| 9 0 0 | 3. SE | OHICA | RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 74 HRS. |
| urs offi | 3 | emale | White OCTOBER 15,1915 TO YRS. MONTHS DATS HOURS MIN |
| 12 ho | | RTHPLACE (STATE OR FOREIGN OUNTPY EW JERSEY | 76. CITIZEN OF WHAT COUNTRY? AMARRIED NEVER MARRIED BALTIMORE COUNTY, MD. |
| 4 8 | | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR |
| (25 to 1 | 100 | OWSON | SI SOSEDO HOSPITAL HOMEMAKER. HOME |
| 35 | 13a. S MA | RYLAND BAL | TIMORE 21234 YES NOX 1758 WESTON AVE. 21234 |
| OE | | THER'S NAME MARIO | TRANCHITA 15. MOTHER'S MAIDEN NAME ANTOINETTE ANTOINETTE FALCO |
| Poges 1 | 160 V | VAS DECEASED EVER IN U.S. AR | MED FORCES? 166 SOCIAL SECURITY NO. ANTHONY M. PANZARELLA 136-03-3820FRANCES A. ABEL 1758 WESTON AVE. 21234 |
| n signed by the att Then please remove to burial, cremation injury, at ather trau | NO | Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (| (b) DUE TO, OR AS A CONSEQUENCE OF Ic) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(b) |
| permit. | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO |
| of-fronsitrol Hygin | | 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | THE HOUR A.M. MONTH DAY YEAR |
| and Me | MEDICAL | NURY OCCURRED | 218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION CITY OR TOWN COUNTY STATE |
| OR. Aft r use as Health | | 22a. I certify that his haspi | tol) attended the deceased from 9-37, 19-86, to 10-1, 19-86, that IV(we) lost |
| etoched for the Dept. of | | obove, (Mwe) (did) (did) | DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN V |
| should be det | | THE PHYSICIAN SHAME LLYPE OF | CIH-LIE, MID. 120 ADDRESS TOWSON MD 21204 |
| - W 3 E 7 | | URIAL, CREMATION, REMOVAL | CITY OR TOWN COUNTY STATE |
| | | BURIAL | OCT.4, '86 HOLY REDEEMER CEMETERY BALTIMORE, MARYLAND |
| 6 60M 7/84 | | UNERAL DIRECTOR T.T.T AM F. TOH | NSON8527 TOCH PAVEN BLVD |
| (RA 15 4) | III W | HOLL AND HE (C) H | NSONOSZE LOCH PAVEN BLVIII |

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Telegraphic Control

1-5-5-1

| (X) 2 | | Item'l, Film G62 | 0 10/27, | | | E OF MARYLAN | | ENE A'S A | 07 | 5 8 9 |
|--|---------------|---|------------------|-----------------------------------|--------------------|-------------------------|----------------|---|----------------------------|---|
| 10-/21965 | 1. | STATE REGISTRAR | | J.1. | | ICATE OF DE | | REG. NO |). | 0 0 . |
| | | CEASED NAME FIRST | A | MIDDLE | CONT | LAST | | 20 DATE OF DEATH | MONTH DAY YE | AR 2b. HOUR |
| page 3 | | lillie | Cooper) | Р | ATTERSO | N | | | 22,1986 | 5:08p |
| mo frer o | 3 SEX | | 4 RACE | | S. DATE | OF BIRTH | YEAR | 6. AGE JUNYEARS LAST BIRTH | | YEAR IF UNDER 24 HRS |
| ecto prs a | Т | EMALE | BLACK | | 10 | 14 | 12 | 74 | YRS. | |
| a #2 02 | | RTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF | WHAT COUN | ITRY? 8 | D NEVER MA | ARRIED 🗆 | 9. BALTIMORE CITY OF | COUNTY OF DEAT | Н |
| SI A GO | | 7 . A | USA | | WIDOW | DIV | ORCED 🗌 | Baltimore | | A |
| 是題本 | 10 C1 | TY OR TOWN OF DEATH | | HOSPITAL, NU H FACILITY, GIVE: | | OR OTHER INSTIT | TUTION | 12a USUAL OCCUPATIO | | ND OF BUSINESS C TRY |
| | | BALTO. | | | | HOSP. | | RETIRED | | |
| od 1 ho | | AL RESIDENCE (IF NURSING HOME OF | | 13c. CITY OR | BEFORE ADMISSION) | 13d. INSIDE CIT | Y LIMITS? | 13e STREET ADDRESS / | ZIP CODE | 2120 |
| 1 5 T | | RYLAND Dund | alk | | | 0.00 | | 025 Norri | s Lane | 1000 |
| 1 1000 | | THER'S NAME FIRST | WIDDLE | LAST | 1 | | RST | WIDDLE | | LAST |
| 1 Barrier | | .lmore | | Adkin | | Moll | | ADDRES | Fir | nery |
| execution on design of the secution of the sec | () | | (E WAR OR DATES) | | SECURITY NO. | 17 INFORMAN | | | | |
| 9 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 | No | | | | 45167 | Shirle | ey Rob | inson 141 | | |
| cote bysici aval: int, th | | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE | D RY. | | | | | | W138 | PROXIMATE INTERVAL VEEN ONSET AND DEAT |
| ng p bong rem | 40 | IMMEDIA | re CAUSE (a) | Cardio | pu Imona | ry_Arres | t | | | |
| endi endi mati | | 6 19 7 | DUE TO, OF | R AS A CONS | EOUENCE OF | Muccandi | al Inf | anation | | |
| e deal move nation fraum | | Conditions, if any, which gove rise to immediate | 1 | | | Myocardi | a1 1111 | arction | | |
| by th | | underlying couse lost | DUE TO, OF | | Renal | Failure | | | | |
| thed I blee | | PART 2 OTHER SIGNIFICANT | CONDITIONS CO | | | | O THE TERMI | NAL DISEASE OR COND | ITION GIVEN IN PAR | 2T lin |
| n sign Then Tab injun | O | | arcinoma | | | | | | | |
| bee bee | CERTIFICATION | 190 DATE OF OPERATION | | | | N WAS PERFOR | | 20a AUTOPSY? | 206 IF YES, WERE FILL | NDINGS USED |
| he le | TIE | | | | | | | YES NO NO | YES [| NO [|
| physical phy | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | 110110 | FINJURY M. MONTH | DAY YEAR | 21c. HOW INJU | URY OCCURRE | ED (ENTER NATURE OF INJUR | Y IN ITEM TO PART I OR PAR | T 2} |
| SICIA ng ph certifi riol-tr ental | CAL | (IF EITHER NOTIFY MEDICAL EXAMINE | 4111 | | 19 | | | | | |
| tendir the bund W | MEDICAL | 21d. INJURY OCCURRED | 21e PLACE (| OF INJURY | FFICE, FARM ETC] | 211 LOCATION | 4 | CITY OR TOW | vn count | Y STATE |
| N of the ork | | AT WORK AT WORK | | | | | | | AA | |
| To or | | 220.1 certify that (1) (this hosp | Octobor | e deceased for | rom Uctob | er II | , 19_86 | to <u>October</u> eath occurred on the dat | | that X1 (we) ! |
| sp of of of of | | sow the deceased alive or above. (we) (ad) (did no 22b. SIGNATURE | ti view the body | ofter death. | .19_00_,0 | | our) opinion a | eoth occurred on the do | | |
| 0 % 0 % 0 ± | | MANA OB | Dellas | 1. 101 | 22/86 | DEGREE AT | TENDING | MEDICAL STAFF | | ATE SIGNED |
| by the | | 22d. PHYSICIAN'S NAME (TYPE | POPINITY | 4 | | PH 22e ADDRESS | HYSICIAN [| DIRECTOR PHYSICI | AN D | 0/22/86 |
| HOSPITAL ned by the FUNERAL uld be det the Store ORTANT: | | // | | | | | c .131 | | | .07 |
| TO HOSPITA retoined by TO FUNERA should be de with the Stot | 22. 0 | Dr. M. B. You | | | 22. NAME OF | 1 9000 EMETERY OR CR | | in Square Di | rive., 212 | 3/ |
| | | DRIAL, CREMATION, REMOVAL | 10-25 | -86 | | LINCOLI | | CITY OR TOWN | D | MD STATE |
| BP | | INERAL DIRECTOR | 120 27 | | - 01.12 | 2-1,0011 | | REC'D. BY REGISTRAR 2 | | |
| DHMH - 16 60M 7/B4 | | | 1 E. N | O D m TADDE | REGINT TO BUT TITO | | UC. | T 2 4 1986 | | 5.30 |

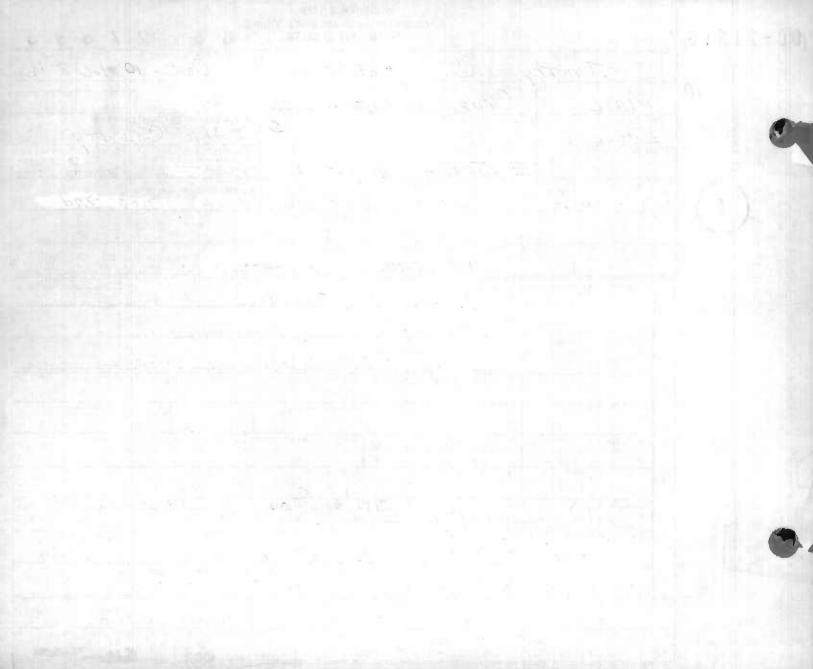
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| | | | STATE OF W | AKTLANU | | | | |
|--|--|---|-----------------------|--------------------------|-----------------------|---------------------|------------------|--|
| - 2285 6 - STATE REGISTRAR | | DEPARTM | CERTIFICAT | AND MENTAL HYGE OF DEATH | S O REC | 2 G. NO. | 7 0 | 9 |
| 1. DECEASED NAME (TYPE OR PRINT) 3. SEX | FIRST MARY | ELEANC | OR PI | ENNA | Octobe | . 00 | 1986 | 10 % M |
| 3. SEX | 4 RAC | E | 5. DATE OF BIRT | H DAY YEAR | 6 AGE (IN YEARS LAS | ST BIRTHDAY] | IF UNDER 1 YEAR | IF UNDER 24 HRS. HOURS MIN. |
| Female 70 BIRTHPLACE 1517 | | White | | 22, 1900 | 86 9 BALTIMORE CIT | YRS. | OFPEATH | |
| COUNTRY) Marvland | | S.A. | MARRIED . | DIVORCED | Balti | MACE | CALLO | +11 m |
| 10 CITY OR TOWN O | F DEATH 11. N | AME OF HOSPITAL, NURSING | HOME OR OTH | | 12a USUAL OCCUP | OST OF WORKING LIFE | INDUSTRY | F BUSINESS OR |
| 7.75 | | ASTITUTION GIVE RESIDENCE BAPORE | | OTTAI | Homemake | | lOwn Ho | me |
| Maryland | Baltimor | ce Luthervi | and the second second | ISIDE CITY LIMITS? | 13e STREET ADDRE | horidge | Rd. | 21093 |
| 14 FATHER'S NAME FIRST | WIDDLE | LAST | 15 M | OTHER'S MAIDEN NAM | ME | l.E | LAST | |
| Samuel | EVER IN U.S. ADMED ES | Arbuthnot | | Margaret | | DDRESS | Chenow | <i>r</i> eth |
| (YES, NO OR UNKNOW | EVER IN U.S. ARMED FO | ROATES) | | | | | 0.7.0 | |
| No | PARIL C | 217-20-18 | | . Eleanor I | Reznik - s | same as | | MATE INTERVAL |
| PART I. DEA | TH WAS CAUSED BY: | cause per line for (a), (b), and | | RATORY | FAILUR | PF | BETWEENO | NSET AND DEATH |
| 5 to 0 | IMMEDIATE CAUS | | 79-43 | 1411UN | | | 1 | |
| Conditions, if | | (b) SEPS | S | | | | | |
| gave rise to cause (o), | | | | | | | | |
| underlying | couse last | JE TO, OR AS A CONSEQUE | 11 713 | | | | | |
| | SIGNIFICANT CONDIT | IONS CONTRIBUTING TO D | EATH BUT NOT R | ELATED TO THE TERM | INAL DISEASE OR C | CONDITION GIVE | N IN PART 110 | •• |
| 190 DATE OF O | PERATION 191 | CONDITION FOR WHICH (| OPERATION WAS | PERFORMED | 20a AUTOPSY? | IN CERTIF | WERE FINDIN | OF DEATH? |
| 21a ACCIDENT W | AS UNDERLYING 211 | b. TIME OF INJURY | 21c.1 | 10W INJURY OCCURE | YES NO | | ART 1 OR PART 21 | NO 🗌 |
| 00.000100101010101 | | OUR A.M. MONTH DA | Y YEAR | | - Control of | | | |
| (IF EITHER, NOTH | | PLACE OF INJURY THOME STREET, FACTORY, OFFICE, FA | | OCATION STREET | CITY | ORTOWN | COUNTY | STATE |
| 220.1 certify th | at (I) (this haspital) att | ended the deceosed from | | . 19 | , to | | | that (1) (we) last |
| above (I) | eceased alive on we) (did) (did not) view | the body after death. | , and that | in (my) (our) apinion (| death accurred an th | he date and hour | | |
| 22b. SIGNATUR | udeto | fana. | DEGRE | ATTENDING PHYSICIAN | MEDICAL DIRECTOR DH | STAFF | 16 - | 27-86 |
| EDU EDU | ARDO P | . OLAJUG | - 27e | ADDRESS ST. | JOSE PIT | BALT | PITTEL | 2/201 |
| 23a. BURIAL, CREMAI | ION, REMOVAL 23b. | DATE 23c. N | AME OF CEMETE | RY OR CREMATORY | 23d LOCATION | | COUNTY | |
| - (SPECIFY) - Burial | | 10-30-86 E | Baltimor | e National | Bal | to. | COUNTY | Md. |
| 74 FUNERAL DIRECT | | ACORESS | L050 Yor | n na. | E REC'D. BY REGISTI | RAR 256. REGISTE | RAR'S SIGNATU | JRE . |
| Ruck Towso | n Funeral | Home, Inc. Tov | vson, Md. | 21204 06 | 1 0 1 198 | D June 10 | Secure Section 1 | The same of the sa |

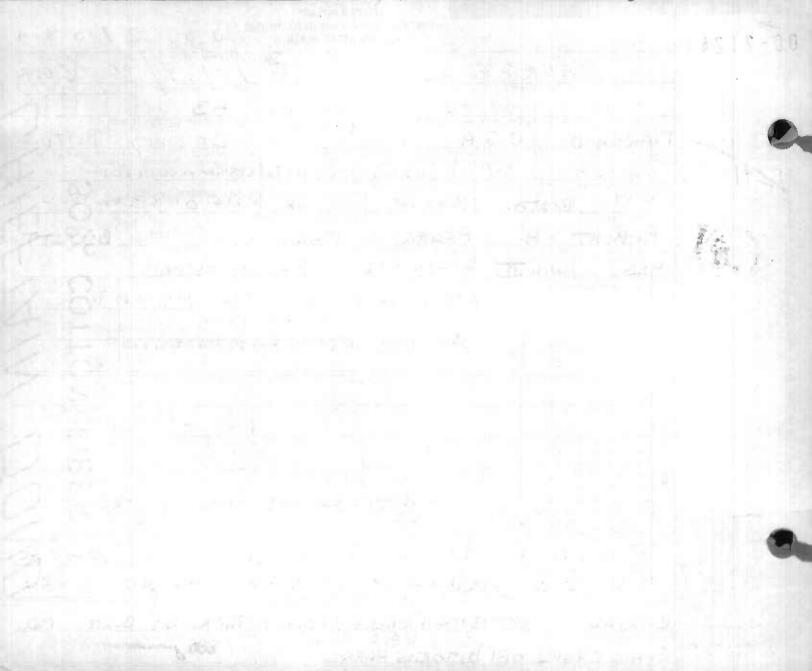
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| 7-20314 | 1 - | FOR STATE REGISTRAR | | DEPAI | RTMENT OF H | EALTH AND MENTAL HYG CATE OF DEATH | IENE 8 6 | 2 7 | 0 | 3 2 |
|--|---------------|--|-----------------------------|--------------------------------------|---------------|--|---|--|-----------|---------------------|
| by be decih | | CEASED NAME FIRST RUBY | Ethe1 | MIDDLE | PENNI | NGTON | October 4, | MONTH DAY | | 3: 55p _M |
| ge 4 mo) ector. po is ofter d | 3. SE) | Female | 4. RACE Whi | te | Jun | | 6. AGE (IN YEARS LAST BIRTI | YRS | DAYS | OURS MIN. |
| 3 1246 | (| RTHPLACE (STATE OR FOREIGN OUNTRY) KY TY OR TOWN OF DEATH | US | | WIDOWE | | 9. BALTIMORE CITY OF Baltimor | re County | / | MD. |
| 6 157 | 111 | ROSSVILLE | (IF NOT IN SE | JCH FACILITY, GIVE STR | REET ADDRESS) | ROTHER INSTITUTION Hospital | TYPE OF WORK FOR MOST OF HOUSEWI | WORKING LIFE) IND | USTRY | BUSINESS OR |
| 24 ho | 13 c S | TATE 13b. Co | alto. | Esse: | NWC | 13d. INSIDE CITY LIMITS? YES NO ** 15. MOTHER'S MAIDEN NA | 130 STREET ADDRESS / | zip code way Nor | th 2 | 1221 |
| E, MARY | | Charles VAS DECEASED EVER IN U.S | ARMED FORCES? | Mull: | | Dora 17. INFORMANT | ADDRES | | iner | |
| ALTIMOS Lice and the media | t. | (IF YES | GIVE WAR OR DATES) | | | Irving Pen | nington 1 | | | rth 21 |
| ON ST., B | | PART I. DEATH WAS CA | USED BY: DIATE CAUSE (a) | | opulmon | ary Arrest | | | | |
| NG PHYSICIAN The fame equipment that the death contribute executed within 24 has offending physician. In this certificate has been alone as the other may propose and competitive filled as the bursol-trouble prior to be a propose and competitive filled as the bursol-trouble prior to be a propose and competitive filled to one demand the prior to be a propose and competitive filled as the bursol-trouble hypitime prior to be a prior to be a propose and competitive filled and demand hypitime prior to be a propose and competitive filled and demand the residual propose and the propose and | 100 | Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last | (b)_ | Cardi | ogenic | Shock Infarction | | | | |
| RDS, 201 equires, 1 in signed Then pier r to buring enjury, or | NOI | PART 2 OTHER SIGNIFICA | NT CONDITIONS (| | | NOT RELATED TO THE TERM | INAL DISEASE OR COND | ITION GIVEN IN I | PART No | |
| AL RECO | CERTIFICATION | 190 DATE OF OPERATION | | | CH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? YES NOXX | 206 IF YES, WERE IN CERTIFYING O YES [| CAUSES OF | |
| ON OF VIT HYSICIAM Into physician In | MEDICAL CE | 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O | FDEATH HOUR | P.M. | DAY YEAR | 21c. HOW INJURY OCCURI | RED (ENTER NATURE OF INJUR | I IN ITEM 18 PART T OR | PART 2) | |
| DIVISION ING PHY or offer this os the bu Ith and M | MED | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | (AT HOME S | E OF INJURY STREET, FACTORY, OFFI | | 211 LOCATION STREET | CITY OR TOV | | UNTY | STATE |
| ATTEND nospital or sector is a feet for use opt. of Hea | | 22a.1 certify that (1) (this h saw the deceased alive abave, (1) (we) (did) (did 22b. SIGNATURE | | | 86, on | emner 2719 86 d that in (my) (aur) opinion | , to <u>October</u> death accurred on the da | ite and hour and f | | |
| PITAL OR the I by the Jeffall Districted by the Lington Districted by the Lington Districted by the Lington Design | | Cynthia 22d. PHYSICIAN'S NAME (1 | A. Po | nes | M.L | ATTENDING PHYSICIAN [| MEDICAL STAF DIRECTOR PHYSIC | F IAN B | 10-4- | |
| TO HOS TO FUN Charled b | 23a. E | Cynthia A | | | 3c. NAME OF C | 9000 Frankli | 23d. LOCATION | . 21237 | | |
| BP | | Burial | | 7/86 | Baltim | oreCemetery | Balt | imore | | larylan |
| DHMH - 16 60M 7/84 (VRA 15, 4) | | onnellyFune | ralHome | a 300Ma | ceAve. | 000 | | The David | SIGNALIE | Hom |

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 2a. DATE OF DEATH 1. DECEASED NAME (TYPE OR PRINT) 2022 mothy 4 RACE 5. DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX MONTH YEAR BALTHMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED =NGLAND England WIDOWED DIVORCED [NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION HO CITY OR TOWN OF DEATH TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Computer Towson JOSEP Computer Analyst Software Company USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE None Baltimore 1001 St. Paul Maryland YES A NO T 21202 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Max Petzold Pauline Fender Leo ADDRESS 16b SOCIAL SECURITY NO. 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? "Kenwood", Ray Park Avenue Maidenhead, U. K. SL68DU (YES. NO OR UNKNOWN) No 23-64-0510 Pauline Petzold, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0). DUE TO, OR AS A CONSEQUENCE OF neumoci Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH I IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION 50 CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 27x J vertify thisy (f. Whis hospital) attended the deceased from sow the descored nive on and that in (my (our) opinion death occurred on the date and hour and from the causes stated ve; (didf (did not) yiew the body after death DEGREE 22c. DATE SIGNED ATTENDING) / MEDICAL PHYSICIAN DIRECTOR PHYSICIAN FUNERAL 274 PHYSICIAN'S NAME (TYPE --22e ADDRESS 3100 St. Paul Street, #5 the the Baltimore, MD 21218 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN STATE (SPECIFY) Cedar Hill Crematory Cremation 10-12-86 Suitland, Maryland 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Richard Rapp, Incoress DHMH - 16 60M 7/B4 1804 T Street, NW, Washington, DC (VRA 15, 4) 20009



| | 1 | STATE OF MARYLAND | |
|--|---------------|--|-----|
| | 11- | FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE | 1 |
| 00-21241 | L. | REGISTRAR CERTIFICATE OF DEATH | 7 |
| noy be | 1. DEG | CEASED NAME FIRST MIDDLE L. PFARR 20 DATE OF DEATH MONTH DAY YEAR 28. HOUR GEORGE L. PFARR 10/09/86 6:081 | 9, |
| t mo | 3. SEX | 4. RACE S. DATE OF BIRTH 6. AGE (IN YARS LAST BIRTHDAY) IF UNDER 14 HOURS MIN MONTHS DAYS HOURS MIN | _ |
| s o s | | Male White 06 23 23 63 YRS. | |
| 1 30 2K | - | RTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH | |
| | | ARYLAGO U.S.A. WIDOWED DIVORCED COUNTY BALTO. N | AD. |
| 824158 | 1 | owson Signature facility, give street adoptess) Hospital Type of work for most of working life! INDUSTRY |)R |
| AND ST | 13a. S | LI RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) TATE 136 COUNTY 136 CITY OR TOWN 136 INSIDE CITY LIMITS? 130 STREET ADDRESS / ZIP CODE 137 CITY OR TOWN YES NO 80 9 1 9 6 7 73 7 7 7 7 9 9 9 9 9 9 9 9 9 9 9 9 9 | 4 |
| 12/2/ | 14. FA | THER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE LAST. | |
| The state of the s | | ROBERT A. PFARR MARIE BECKETT | _ |
| ao · [] [] · [] | | (AS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (16 YES, GIVE WAR OR DATES) | |
| 5 1 17 | | IS IW. WIT P19-140692 FAMILY KECORDS | _ |
| . BA | | 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: PART I. DEATH WAS CAUSED BY: WHICH AND DEATH AMPROVING IN THE PART I | 1 |
| Cert rba rba | | IMMEDIATE CAOSE (0) | - |
| STOP eoth e con on, o | | DUE TO, OR AS A CONSEQUENCE OF 2 N FATECTION | |
| PREs he at motion | | gove rise to immediate | _ |
| 1 W. hot the | | couse (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF | |
| DS, 20 quires 1 signed hen ple to burit | N | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 | |
| I RECOR | CERTIFICATION | 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO | |
| DF VITAL LIAN: The physician rifficote h Il-fronsit p not Hygier m 18, she | 8 | 216. ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) | - |
| ON OF VITA HYSICIAN: Th dding physicians is certificate burial-transit Mental Hygia | | OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF ETHER NOTIFY MEDICAL EXAMINER) P.M. 19 | |
| | MEDICAL | 216. INJURY OCCURRED 216. PLACE OF INJURY 211. LOCATION | - |
| DIVISION OF THE THE COST OF THE COST OST OF THE COST OF THE COST OF THE COST OF THE COST OST OF THE COST OST OST OST OST OST OST OST OST OST | Z | WHILE NOT WHILE AT WORK AT WORK (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE | |
| Lool of the same o | | 220.1 certify that (1) (this hospital) attended the deceased from 201-30, 1980, to 000-9, 1980, that (1) (we) la | ist |
| ppt | | saw the deceased alive an | |
| Dep oche | | TO ALLE SIGNATURE DEGREE TO ALLE SIGNED 122. DATE SIGNED TO ALLE SIGNED T | |
| SPITAL SPITAL by the NERAL be deto e Store I TANT: If | | + austo Q. Agricia TV Waterdong MEDICAL STAFF 10-10-85 720 PHYSICIAN'S NAME (TYPE OR PRINT) 1 720 ADDRESS | = |
| TO HOSPITAL TO FUNERAL should be dete with the Store | | PAUSTO Q. AGUIND IR 8713 HARFORD PD. 21234 | _ |
| | 23a B | URIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY STATE | |
| BP | R | URIAL OCT 13 FISH TORELAND I'S MPK TARKVILLS BATTO. MO | > |
| DHMH - 16 60M 7/84 | 10 | NERAL DIRECTOR ADDRESS 8 800 RORD 256 DATE REC'D, BY REGISTRAR'S SIGNATURE ADDRESS 8 800 RORD 256 DATE REC'D, BY REGISTRAR'S SIGNATURE | |
| (VRA 15, 4) | 4 | CANS CHAPIL OF I IMORIZS HARFORD | 7 |



| 2076 | 1 - | STATE REGISTRAR | | | | | EALTH AND MENTAL HY ICATE OF DEATH | REG. NO. | | |
|---|-----------------------|--|--|--|--|--|---|--|---|--|
| | 1. DE | CEASED NAME | FIRST | - 1 | WIDDLE | l | AST | 20. DATE OF DEATH MON | NTH DAY YEAR | 2h HOUR |
| death death | (TYPE | OR PRINT) | na Mar | rie PIE | CHOCKI | | | October 25. | 1986 | 7:45 A |
| pod | 3. SE | | | RACE | | S. DATE C | | 6 AGE (IN YEARS LAST BIRTHDAY | | AR IF UNDER 24 HRS |
| ors of | | Female | | Whit | | | -21-1914 | 72 | YRS. | |
| 2/0 | | RTHPLACE (STATE OR F | FOREIGN 7b | | WHAT COUNTRY | 9 8 MARRIE | NEVER MARRIED | BALTIMORE CITY OR CO | | |
| 1 7 | 10 C | Conn. | ATH 11 | U.S. | | WIDOWE O | D DIVORCED DIVORCED | Baltimore Co | | D OF BUSINESS OF |
| 357 | | Rossville | | Frankl | in Squar | e Hosp |). | Homemaker | | |
| 135 | 13a S | AL RESIDENCE (IF NURS STATE Md. | 13b COUNTY Balto | Υ | GIVE RESIDENCE BEFOR 13c CITY OR TOV Middle | WN | 134 INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIF | P CODE ner Place | 21220 |
| X111 | 14 FA | ATHER'S NAME | MID | DDLE | LAST | | 15. MOTHER'S MAIDEN NA | | | TAST |
| DIX | | Antonio | Will | | Grippo | | Rose | | Marrazin | a |
| VI / | 1 | VAS DECEASED EVER | IN U.S. ARME | | 16b SOCIAL SEC | 76 | 17 INFORMANT | ADDRESS | | |
| | | No | | | 042-07- | 1783 | Frank P. Pi | echocki, Same | | ROXIMATE INTERVAL EN ONSET AND DEATH |
| by the attending se remave corbo cremation, at 11 other troumatic | | Conditions, if any, gove rise to imm couse (0), statin underlying couse | , which mediate ng the | (b) | etastati R AS A CONSEOL | | ic Abnormalit inoma of the | Lung | | |
| os been signed by the attending permit. Then please remave corbone prior to burial, cremation, or in any injury, or other traumatic. | FICATION | Conditions, if any, gove rise to imm cause (a), statin | , which mediate ng the last | DUE TO, O | R AS A CONSEOU | JENCE OF | | MINAL DISEASE OR CONDITION 200. AUTOPSY2 201 IN | b IF YES, WERE FIN | DINGS USED SES OF DEATH? |
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| | DIVIS | THIS CERT WARDED WARDED PAGE 3 SH STATE DEPT 21201 PR | MEDICAL | 21d INJURY OC WHILE AT WORK | | 21e PLACE STREET, FAC | OF INJURY | | S | TREET | | | CITY OR TOV | WN | C | OUNTY | | STATE |
| | • | TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, 2 | | 27s. I certify death resulted ACTUAL SIGNATURE | | of the remains de | scribed ob | I To | Autop | TITLE (S | Inspection (ide , PECIFY) stant | | Inquiry mined ma | inner _ | and in my | · • 70 |)-16- | -86 |
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| | | (All Win tare (a)) | 13 | 331 Br | ehms La | ne, Bal | to., | Md. | 212 | 13 | 001 | - 1 | .000 | CA | | | | |



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 00-20095 REGISTRAR I. DECEASED NAME LAST 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) page r Maria PLUMMER October 3. 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. White JULY 11 0AY 1914A Female M. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Maryland Baltimore County WIDOWEDJC DIVORCED [] 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) NOUSTRY Franklin Square Hospital U.S. Government 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Maryland Baltimore Essex 21 Cardinal Road 2122] NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Thomas Elton Friedel Anna 16e WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 6710 Willow Creek Road (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 09 8883 Thomas Plummer Bowie. Maryland 20715 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Cardionulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF b) 1 eft Hemispheric Cerebral Vascular Accident Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last (a) Atrial fibrillation PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOD YES [NO ral-transit 71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) CITY OF TOWN COUNTY STATE NOT WHILE 220.1 certify that (this haspital) attended the deceased from Actober 1 October saw the deceased alive on October 3 abave, (New) (did) (did so); view the body oligh and that in (my) (aur) apinian death occurred on the date and haur and fram the causes stated DEGREE 22c. DATE SIGNED MEDICAL ATTENDING October 3,1986 PHYSICIAN DIRECTOR PHYSICIAN THE HYDICIAN'S NAME ITHE OF MINE the St 22e ADDRESS 9000 Franklin Square Dr., 21237 Roger Moushabek 230 BURIAL CREMATION, REMOVAL 236, DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION Cremation CITY OR TOWN 10/4/86 Security Processing Baltimore County Maryland 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 dzinski Funeral - while the last to the last t PA 1407 (VRA 15, 4) Home Old Eastern Ave

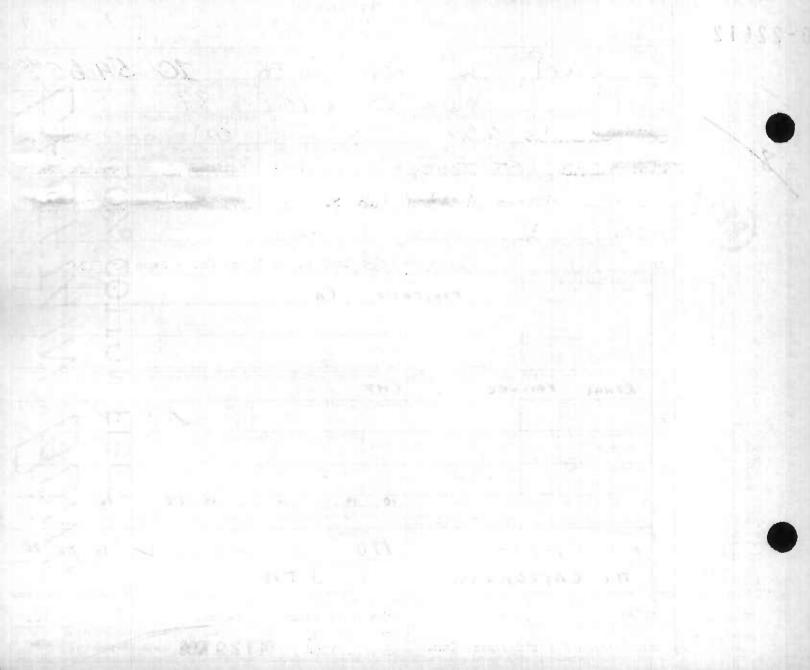
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| 1-7 | 7412 | | | REGISTRAR | | CERTIF | ICATE OF DEATH | REG. NO. | |
| | | | | CEASED NAME FIRST CT | ARL MIDDLEL. | | POHLMAN | 20. DATE OF DEATH MONTH | DAN YEAR 26 HOUR |
| | o e e e | | (TYPE | OR PRINT) | 1. | Only | 10000 | 2 13/ | 25/1990 540 |
| | page 3 | | 3. SE | Cari | 4 RACE | 5. DATE C | E RIPTH | 6. AGE (IN YEARS LAST BIRTHOAT) | INDER LYEAR OF UNDER 24 HRS |
| | ofte. | | J. J. | $\Lambda\Lambda$ | 14 | MONTH | DAY YEAR | 100 | MONTHS DAYS HOURS MIN. |
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| | 2 32 | 366 | | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COU | MARRIE | NEVER MARRIED | BALTIMORE CITY OR COUN | NTY OF DEATH |
| | 1 /10 | 2 | | aryland | USA | WIDOWE | DIVORCED (| Daltim | O Ce County MD. |
| | 1/1 | 3/1 | 10 C | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, N | | ROTHER INSTITUTION | 120 USUAL OCCUPATION | 12b. KIND OF BUSIN |
| 5 | 8 | 3/ | To | owson, | 5T. 7050 | | taspital | Retired | Centra Bank |
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| × | 100 | 40 | | illiam | Pohli | | Paulin | | Hof |
| SE | - | dico | | VAS DECEASED EVER IN U.S. ARA | MED FORCES? 166 SOCIAL | SECURITY NO. | 17 INFORMANT | ADDRESS | |
| IW. | * 60 | 1/ | No | | 213- | 03-7783 | Carl L. Po | hlman, Jr Sam | e as #13e |
| AL | 10 Oct 10 | 4 | | 18 CAUSE OF DEATH (Enter and | ly ane cause per line far (a), | (b), and (c).) | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 2 | of the | 1 | | PART I. DEATH WAS CAUSED | D BY: | TATIC | CA | | |
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| 01 | # 700 | Dw | | C. 10. 1 | DUE TO, OR AS A CON | SEQUENCE OF | | | |
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| > | 1 611 | è | -61 | cause (a), stating the underlying cause last. | DUE TO, OR AS A CON | SEQUENCE OF | | | |
| 5 | 4 596 | 0 10 | | onderlying cause lost. | (c) | | | | |
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| 8 | 8 141 | 3 | NO. | RENAL FAI | LURG, | CHF | | | |
| 20 | 1 414 | 6/ | 3 | 90 DATE OF OPERATION | 196. CONDITION FOR V | VHICH OPERATIO | N WAS PERFORMED | | YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? |
| 3 | 25 201 | 1/ | TE | | | | | YES NO NO | YES NO |
| 1 | A Price | m F. | CERT | 21a. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | | 21c. HOW INJURY OCC | URRED (ENTER NATURE OF INJURY IN ITEM | 18 PART 1 OR PART 2) |
| * | 31 117 | 19 | A. | OR CONTRIBUTING CAUSE OF DEA | | H DAY YEAR | | | |
| Z O | 25 0 1 W | 1/ | Dic | 214 INJURY OCCURRED | 21e. PLACE OF INJURY | | 211 LOCATION | | |
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| | No STE | 4 | | 220.1 certify that (1) (this haspit saw the deceased alive an | | | , 17 | , 10 | 19_86 , that (I) (we) last |
| - | A 4 042 | 13 | | abave, (1) (we) (did) (did nat | t view the bady after death. | | | an death accurred an the date and | |
| | S S S S S S S S S S S S S S S S S S S | 2 | | 22b. SIGNATURE | | 1 | DEGREE | MEDICAL STAFF | 22t. DATE SIGNED |
| _ | At Age | 6 / | | note (apr) | 12001 | 11. | D ATTENDING PHYSICIAN | | 10.25.86 |
| | 54 835 | 3 | - | 22d. PHYSICIAN'S NAME ITYPE OF | | | 22e ADDRESS | 1 | |
| | FURTHER PARTY | S. | | n.c. CAPO | o a nossi | | 7 7 1 | 7 | |
| | 51 541 | 3 | 23a F | BURIAL, CREMATION, REMOVAL | 23b DATE | 123c NAME OF C | EMETERY OR CREMATOR | Y 23d LOCATION | |
| | op. | | Bı | irial | 10-29-86 | | n Cemetery | Balto. | COUNTY STATE |
| | DF | - | _ | JNERAL DIRECTOR | | | - | DATE REC'D. BY REGISTRAR 256. REC | |
| | DHMH - 16 60N | | | | AQI | DRESS 1050 | MARK RA I | | SISTRAR'S SIGNATURE |
| | (VRA 15, 4 |) | R | ack Towson Funer | ral Home, Inc | · Towson, | Md.21204 | 001-29 NO 1 | Clean Con - N - i |

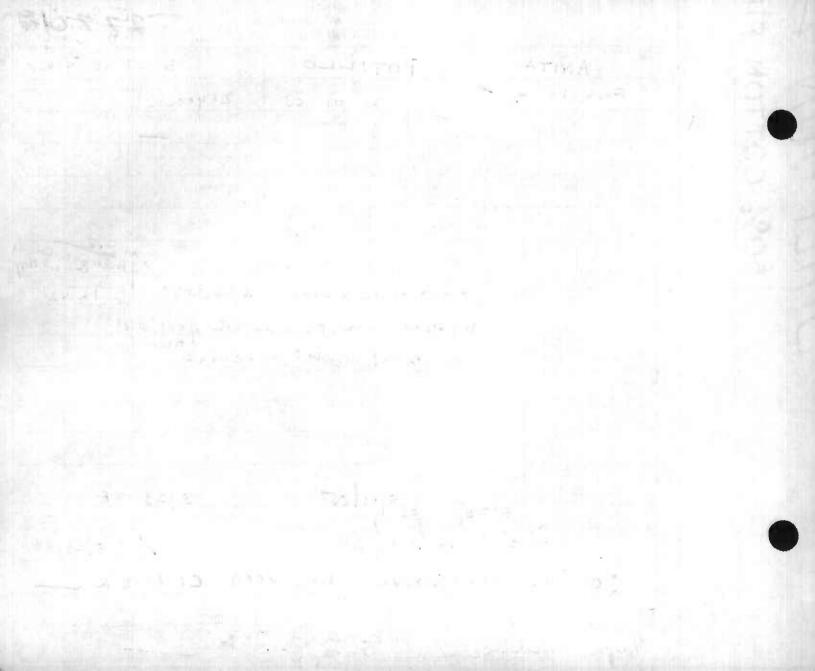


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| U U - | -226: | 27 | | REGISTRAR | | | | ICATE OF DE | | REG. NO | | | |
| | m -E | ./ | | CEASED NAME FIRST | | WIDDLE | | AST | | | MONTH DAY | | 2b. HOUR |
| | poge : | 19 | | | ANITA M. | PUS | | | | | 10/26/ | | 5:30 Pm |
| | fer p | 1 | 3. SE | K | 4 RACE | | 5. DATE C | | YEAR | AGE (IN YEARS LAST BIRT | HDAY) (F (| UNDER I YEAR | IF UNDER 24 HRS |
| | oge 4 | | | Female | Whi | | 6 | | 0 | 56 | YRS. | | MIN. |
| | nerol di | 35 | | RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland | 76 CITIZEN OF | | NTRY? B. MARRIE WIDOWE | D NEVER MA | ARRIED D | BALT I MORE | | | MD. |
| | frer d | 18-/ | 10. C | TY OR TOWN OF DEATH | 11. NAME OF | HOSPITAL, N | NURSING HOME | OR OTHER INSTIT | UTION | 12a USUAL OCCUPATION | ON | 126 KIND OF | F BUSINESS OR |
| -0 | s of | 16 | 25 | TOWSON | GREATE | ER BAI | LTIMORE | MEDIC | AL CT | Clerical | Rental | | Housing |
| MARYLAND 2120 | 24 hour | awst be | 13a. S | AL RESIDENCE (IF NURSING HOME) TATE 13b. CC 1ryland Ba | | GIVE RESIDENCE TIMO | | 13d. INSIDE CITY | Y LIMITS? | 3 Hillbroo | ZIP CODE | 21 | 093 |
| ILAI | Xshort | Se X | | THER'S NAME | TEIMOTE | LIMO | irrum | 15. MOTHER'S A | Course of Course | | IK CL. | Apt. | 11 3 0 3 |
| MAR | ted with | 3 | | Charles | S. | Appe | | FIF | Änne | MIDDLE | | Bosto | on |
| ORE, | 1 2 1 | medicol | | VAS DECEASED EVER IN U.S. | ARMED FORCES? | 100 | L SECURITY NO. | 17. INFORMAN | | | SBaltim | | 21234 |
| BALTIMORE, | · 1 | He He | | NO I IF YES. | _ | 214-2 | 26-5450 | Denise | M. Sa | lamone 80 | Dendro | n Ct. | |
| BAL | V 6 10 | it, th | 1 | 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAL | only one couse per | line for (a), | (b), and (c) | SCATILITY OF THE PARTY OF THE P | | | | APPROXIA BETWEEN O | MATE INTERVAL INSET AND DEATH |
| ST. | 9 9 E | even | | | IATE CAUSE (o) | LUNG | CANCER | | | | | | |
| NO | d pro | potic | | | DUE TO, O | R AS A CON | SEQUENCE OF | | | | | | |
| REST | deo ofte | troumotic | 81 | Canditions, if any, which gave rise to immediate | (b)_ | | | | | | | | |
| > P | the rem | | | couse (a), stating the underlying cause lost. | DUE TO, O | R AS A CON | SEQUENCE OF | | | | | | |
| 7 10 | thot d by leose iol, c | or oth | | | (c) | | | | | | | | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON | uires signe nen p | ury. | z | PART 2. OTHER SIGNIFICAN | IT CONDITIONS C | ONTRIBUTIN | G TO DEATH BUT | NOT RELATED T | O THE TERMIN | NAL DISEASE OR CON | DITION GIVEN | IN PART 110 | |
| ORI | reen in Th | in y | CERTIFICATION | 19a DATE OF OPERATION | 105 COND | ITION FOR V | VHICH OPERATIO | NI WAS BEDEON | MED | 200 AUTOPSY? | Table IF MEC. M | mpr thin a | |
| REC | n. os bi | 3 | FIC. | DATE OF OFERATION | THE COND | IIION TOR V | THICH OFERATIO | N WAS PERFORM | WED | | 20b. IF YES, W. IN CERTIFYIN | G CAUSES | OF DEATH? |
| ITAL | Sicion Sicion Site h Insit | | ERT | 21g. ACCIDENT WAS UNDERLYING | 216. TIME C | F IN IURY | | 121r HOW IN II | IRV OCCUPRE | YES NO | YES [| | NO [] |
| > F < | phys phys lifico lifico ol Hy | E C | | OR CONTRIBUTING CAUSE OF | DEATH HOUR A. | M. MONT | H DAY YEAR | | , occount | D (ENTER NATURE OF INJUR | TIN HEM IS PART | ORPARIZ) | |
| N | ding ding ding s cer burio | or the | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAM) 21d INJURY OCCURRED | | M. OF INJURY | 19 | 211 LOCATION | 1 | | | | |
| /ISIC | the the | TO O | ME | WHILE NOT WHILE | | | OFFICE FARM, ETC) | STREET | | CITY OF TO | MN | COUNTY | STATE |
| No. | or or Afte | nork | | AT WORK AT WORK | | | , 10 | 122/ | 86 | 10/26 | / | 86 | |
| | Tel OR. | l is r | | 229.1 certify that (I) (this has sow the deceased alive | on 10/28 | o deceased | 10 86 ar | ed that in (my) (a | ur) opinion de | to oth occurred on the do | . 19. | | hat (1) (we) lost |
| | R ATT hospit RECTC red to | sm 2 | | above, (1) (we) (did) (did 22b. SIGNATURE | not) view the body | ofter death. | | DEGREE | opinion de | | re ond noor ar | | |
| | 0 0 0 00 | # He | - 1 | Kely | | | | ATT | TENDING _ | MEDICAL STAF | FV | 22c. DATE S | IGNED |
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| | DHMH - 16 60M (VRA 15, 4 | | | lartin D. Laws | | Laure | oress nia Rd | 21093 | OCT | REC'D. BY REGISTRAR | 256 REGISTRAF | | KE alian |
| | [VKA 15, 4 | 1] | T. | million paws | OIL IU W. | ragot | HIA KA. | / 11193 | 1 001 | | | 0 | |

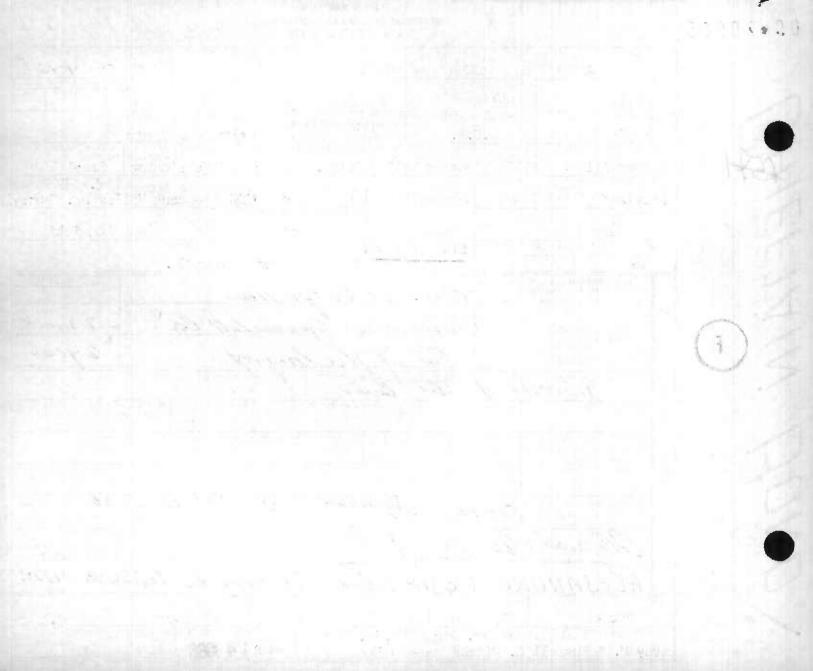
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| Mary Land 18 CHY OF TOWN OF DEATH 19 CATION OF TOWN | You go | | | | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS |
| COUNTRY AMARCO | ctor. | Male | White | 1 00 | (7 | MONTHS DAYS HOURS MIN. |
| Maryland U.S.A. wooded on Morce B Baltimore County Mode of Hospital, NURSING HOME OF GOTHER INSTITUTION (IT OF TOWN OF DEATH IN A MARKET PROBLEMS OF THE MARKE | 2 31 79 7 | O BIRTHPLACE ISTATE OR FOREIGN | 76. CITIZEN OF WHAT COUN | TRY? 8. | 9. BALTIMORE CITY OR COUNTY | OF DEATH |
| Catonsville 1331 Pleasant Valley Drive. Steel Fabricator Steel Is 313 Pleasant Valley Drive. Steel Fabricator Steel Is 314 Fabricator Steel Is 315 Pleasant Valley Drive Is supported to the support of the supported to the | 1 3 1 | | U.S.A. | | Baltimore County | y MD. |
| Catonsville 1331 Pleasant Valley Drive. Steel Fabricator Steel 1431 Fabricator Steel 1431 Fabricator Steel 1431 Fabricator 144 Fabricator 1 | 1010000 | 10. CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NU | JRS ING HOME OR OTHER INSTITUTION | | |
| Baltimore Catonsville Is sold city in the sold city in th | 5 (6) | Catonsville | 1331 Pleasant | Valley Drive. | | |
| Maryland Baltimore Catonsville No II 1331 Pleasant Valley Dr. Catonsv 1331 Pleas | 1713 | | | | 13a STREET ADDRESS / ZIP CODE | Md. 21228 |
| Michael Pugaczewski Lena Ludwicki New MAS DECEASED EVER NU U.S. ARMED FORCES? IN SCRIPTING ALL PROGRESS IN SCRIPTING ALL | 3 3 113 | | timore Catons | ville YES□ NO[X] | 1331 Pleasant Va | alley Dr. Catonsv |
| Michael Pugaczewski Tena Ludwicki Tena Ludwicki Address Was deceased ever in u.s. Armed Porcesy Lib 36 8928 Mary Pugaczewski Same as 13e. Its CAUSE OF DEATH lenter only one couse per line for 101, (b), and (c) PARTI. DEATH WAS CAUSED BY LOW TIME PARTIL DEATH WAS CAUSED BY LOW TIME PARTIL DEATH WAS CAUSED BY LOW TIM | 100 | | MIDDLE LAST | | ME | IZAL |
| THE COLOR DATE OF DATE | * PRICE | Michael | Pugaczew | rski Lena | | Ludwicki |
| 18. CAUSE OF DEATH LEtter only one couse per line for (a), (b), and (cv.) PART 1. DEATH WAS CAUSED BY IMPORTANT CAUSE (a) BITMERTONIAL ENTRY. BITMERTONI | He second | 160 WAS DECEASED EVER IN U.S. A | ARMED FORCES? 165 SOCIAL | SEGURITY BO A 17 INFORMANT | ADDRESS | |
| PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (10) DUE TO, ORAS A CONSEQUENCE OF (b) DUE TO, ORAS A CONSEQUENCE OF (could tions, if only, which gove rise to immediate couse to), storing the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE BH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE BH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE BH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE BH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE BH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE BH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE BH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE BH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE BH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE BH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE BH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE BH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE BH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITIONS CONTRIBUTION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE BH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITIONS | M | Yes WW | 11 218 3 | 6-8928 Mary Pugaczewsk | ci Same as 13e. | |
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| Condition. If only, which course for the following course lost interesting course in the course for the course | X 5 100 to | A Marian | DUE TO, ORAS A CONS | EQUENCE OF | | 2 4 |
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| POSSION OF THE PROPERTY OF THE | Z 7 8 9 9 8 | DE L | | | | |
| POSSION OF THE PROPERTY OF COUNTY STATE SELECTION COUNTY CO | AIT A Second | 210. ACCIDENT WAS UNDERLYING | | 21c. HOW INJURY OCCUR | | |
| 220. I certify that (I) (this hospital) attended the deceased from 19 19 20 and that in (my) (our) opinion death accurred on the date and haur and from the causes stated above, (I) (we) (I) (I) (we) (I | Clar Clar physical stoll | OR CONTRIBUTION C CHICE OF C | A A I I | | | |
| 220. I certify that (I) (this hospital) attended the deceased from 190 and that in (my) (our) opinion death accurred on the date and haur and fram the causes stated above, (I) (we) (did) (did not) view the body after death. 220. I certify that (I) (this hospital) attended the deceased from 190 and that in (my) (our) opinion death accurred on the date and haur and fram the causes stated above, (I) (we) (did) (did not) view the body after death. 220. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRE | ON dring dring on the state of | 21d. INJURY OCCURRED | 21e PLACE OF INJURY | 211 LOCATION | | 6000Th |
| 220. I certify that (I) (this hospital) attended the deceased from 19 19 20 and that in (my) (our) opinion death accurred on the date and haur and from the causes stated above, (I) (we) (I) (I) (we) (I | VISI G Pi orter ond ked | WHILE NOT WHILE | (AT HOME, STREET, FACTORY, OF | FICE, FARM, ETC) STREET | CITY OR TOWN | COUNTY STATE |
| Sow the deceased alive on obove. (1) (we) (did) (did not) view the body after death. Som the deceased alive on obove. (1) (we) (did) (did not) view the body after death. Staff | DIN Or Se ost | | pital) attended the deceased fr | om Delevelor 19 8 | 1. 10 Oct 12 | 19 86-, that (I) (we) last |
| DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR | ortol for u | sow the deceased alive a | on Net 12 | 198 and that in (my) (our) opinion | death accurred on the date and hav | |
| PHYSICIAN DIRECTOR PHYSICIAN DIR | R A hospited hed bed tept. | | lori view the body offer dedth. | DEGREE | | 22c. DATE SIGNED |
| BP | the Date Date Date Date Date Date Date Dat | allegacion | or July | ATTENDING PHYSICIAN | MEDICAL STAFF | 10/12/86 |
| BP | SPITA LERA De d ANI | 22d. PHYSICIAN'S NAME (TYP | E OR PRINT) | | | |
| BP | HOS FUR THOS | ALEGAN | DRO MEI | 1A Md. 405 Tree | wide Kd. Cole | USAMU 21228. |
| BP Burial 10/15/86 New Cathedral Cemetery Baltimore Md. 10/15/86 New Cathedral Cemetery Baltimore Md. 24 FUNERAL DIRECTO 1630 Ednordson Ave. Catonsville, Md. 21228 250. Date REC'D. By REGISTRAR'S SIGNATURE | 5 f g g g g f | 230. BURIAL, CREMATION, REMOVA | | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION | |
| DHMH - 16 60M 7/84 24 FUNERAL DIRECTOR 1630 Ednordson Ave. Catonsville, Mt. 21228 250 DATE REC'D. BY REGISTRAR' 25b. REGISTRAR'S SIGNATURE | | Burial | | | CITY OR TOWN | 1 |
| (VRA 15, 4) Prov M. & Russell C. Witzke Funeral Home | | 24 FUNERAL DIRECTOR 630 Fd | mondson Ave. Caton | Stille Mt 21222 250. DA | | |
| DOLOT LIE OF THE | DHMH - 16 60M 7/84 (VRA 15, 4) | Lerov M. & Russel | 1 C. Witzke Fur | neral Home 00 | T 1/4 1986 Sallin A | indexa Mhana |



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| | 1- | FOR STATE REGISTRAR | | DEPARTMENT | OF HE | OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH | GIENE | 8 O REG. NO. | 2 7 | / 0 | 3 |
|----|---------------|--|--|-----------------------------------|-------------|--|------------------|---------------------------------|--|-------------------------------------|--------------|
| | | CEASED NAME FIRST Mr. Ad | olph Cla | | űrc | | 20 DATE OF | October 29 | 1986 | 2b. HOUR | PM |
| | 3. SEX | Male | Caucasia | | MATE OF | 18 1905 "EAR | 6. AGE (INY | EARS LAST BIRTHDAY) | MONTHS DAY | | HRS MIN, |
| 16 | | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHA | tates M | ARRIED | | | timore Count | TY OF DEATH | | MD. |
| 5 | 100 | TY OR TOWN OF DEATH Randallstown | | | OME OF | OTHER INSTITUTION | | OCCUPATION K CRAOST OF WORKING | | of Business | SOR |
| 3 | 13a S | AL RESIDENCE (IF NURSING HOME OF TATE 136 COU | | RESIDENCE BEFORE ADMI | | 13d INSIDE CITY LIMITS | 13e.STREET | Achieren zien | D E | 212 | :08 |
| 1 | Z | John J. Purcell I | MIDDLE | LAST | | Mirinie C. | Sheehan | MIDDLE | ı | AST | |
| 1 | 16a V | VAS DECEASED EVER IN U.S. AI | RMED FORCES? 166 | SOCIAL SECURITY 215-03-15 | | 17. INFORMANTJOHN J 111 Church | | | sville | Maryl. | .08 land |
| | | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS) | nly one couse per line ED BY. TE CAUSE (a) | | | RESPIRATOR | ey Ar | PREST | | DXIMATE INTERVA N ONSET AND DE | ATH |
| | | Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. | (b) | A CONSEQUENCE | | rojal. | INFA | RCTION | | | |
| | NOI | PART 2 OTHER SIGNIFICANT | CONDITIONS CONT | RIBUTING TO DEAT | H BUT N | OT RELATED TO THE TER | MINAL DISEAS | E OR CONDITION (| GIVEN IN PART | 110 | |
| 2 | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITIO | N FOR WHICH OPE | RATION | WAS PERFORMED | 200 AUTO | | YES, WERE FIND TIFYING CAUS YES [] | | ? |
| 7 | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | AIN | JURY MONTH DAY | YEAR | 21¢ HOW INJURY OCCUI | RRED (ENTER NA | LTURE OF INJURY IN ITEM | B PART OR PART 2 | | |
| | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF I | NJURY FACTORY, OFFICE, FARM, I | ETC) | 211 LOCATION STREET | | CITY OR TOWN | COUNTY | STAT | TE |
| | | 220 I certify that (1) (this hosp saw the deceased alive or above, (1) (we) (did) (did n | 10-0 | 19 81 | 10 , and | that in (my) (our) opinion | death accurre | d on the date and h | _, 19 | ,, that (I) (we' ne causes state |) lost ed |
| | | 22b. SIGNATURE | Duy | m Qi | pel | ATTENDING PHYSICIAN | MEDICAL DIRECTOR | STAFF PHYSICIAN | / | = SIGNED | 86 |

22e ADDRESS

23¢ NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health

Burial 11-03-86 Druid Ridge Cemetery Loring Byers Funeral Directors, Inc. 24 FUNERAL DIRECTOR 8728 Liberty Road Randallstown, Maryland 21133

236 DATE

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

230 BURIAL, CREMATION, REMOVAL

Pikesville Baltimore Maryland

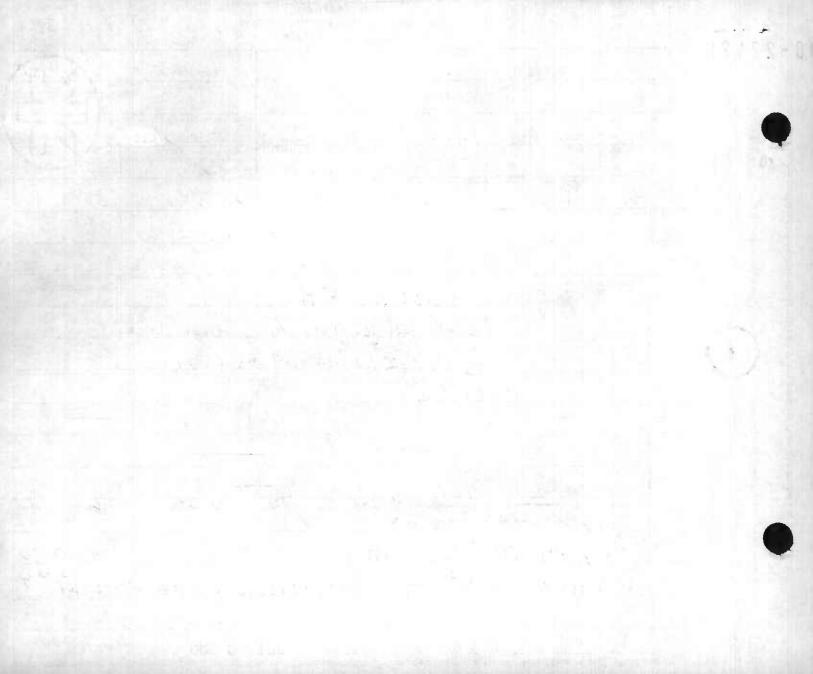
CONTERECTO BYPANISTRAN SS. REGISTRAN'S SIGNATURE

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TION OF THE STATE OF THE STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE **CERTIFICATE OF DEATH** REGISTRAR I. DECEASED NAME 20 DATE OF DEATH 26 HOUR LIVE OF PRINT Heinericka W. Ouillan 10 - 26 - 863 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 2-12-1899 YEAR HOURS Female. White O. BIRTHPLACE LITTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore, Md. U.S.A. WIDOWEDX Baltimore County IN CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE Baltimore Perring Parkway Nursing Home Home Maker 1136 COUNTY 13c CITY OR TOWN 13e. STREET ADDRESS 113d. INSIDE CITY LIMITS? MD. Baltimore 404 N. Rose Street - 21224 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME LAST John Leyh Minnie Leopold 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 219-26-7195 Christina J. Leyh - 404 N. Rose Street -21224 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY: W. PRESTON ST. IMMEDIATE CAUSE (o Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost DIVISION OF VITAL RECORDS, 201 CERTIFICATION 19a DATE OF OPERATION CH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME STREET FACTORY, OFFICE FARM ETC.) CITY OF TOWN COUNTY STATE WHILE NOT WHILE 22a. I certify that (I) (this hospital) attended the deceased from sow the deceased alive on above, (1) (w) (dat) (did not view the , and that in (my) (ger) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN should be de with the State 22e ADDRESS show th 230 BURIAL CREMATION, REMOVAL 230 NAME OF CEMETERY OR CREMATORY 23b DATE 23d. LOCATION Burial 10-29-86 Baltimore, Maryland STATE Baltimore Natl. Cem. BP. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/B1 (VRA 15, 4) John C. Miller Inc.-6415 Belair Road-21206 OCT 28 1986



| | | | | | | | | | STATI | OF MARYLAND | | | | |
|----------------------------|---------------------|------------------------------|----------|---------------|-------------------------------------|--------------------------------|---------------------|----------------|----------------|---------------------------|------------------|---------------------------|-------------------|-----------------|
| | | | 2 | 1. | FOR STATE | | | DEPART | | EALTH AND MENTAL HY | GIENE 8 | 0 | 2 / 1 | 0 3 |
| 1 - | 20 | 135 | 3 | | REGISTRAR | | | | CERTIF | ICATE OF DEATH | | REG. NO. | | |
| 0 | 20 | 100 | , | 1. DEC | OR PRINT) | FIRST | WIDDIE | | l. | AST | 20 DATE OF | DEATH MONTH | DAY YEAR | 7b. HOUR |
| | e e | oge 3 death | | 11.41 | Kaur | boom | J | | QUI | 20 | Octor | sec 4 | 1986 | м |
| | E VO | o b | | 3. SE | | 4. RAC | E | | 5. DATE C | | 6. AGE (IN YE | ARS LAST BIRTHDAY) | IF UNDER I YEAR | IF UNDER 24 HRS |
| | ge 4 | ector urs afi | | 1 | Male | | White | | Jan | . 13,1895 YEAR | 91 | YRS. | MONTHS: DAYS | HOURS MIN. |
| | Po . | of di | 25 % | | RTHPLACE (STATE OR FO | DREIGN 76 CIT | IZEN OF WHAT | COUNTRY | ? 8 MARRIEI | NEVER MARRIED | 9 BALTIMOI | RE CITY OR COUNT | YOFDEATH | |
| | deort | T. Z. | 8 | | Maryland | | USA | | WIDOWE | DIVORCED | Balt | -Imore | Count | -Y MD. |
| | Je. | Ne fi | 3 | 10: CI | TY OR TOWN OF DEA | | AME OF HOSPI | | | R OTHER INSTITUTION | LITYPE OF WORK | FOR MOST OF WORKING | 12b. KIND Q | Veterans |
| 5 1 | 13 | ے فی | 20 | 1 | owson | 1 5 | TJO | SEP | h HO | spital | Statis | stician | Admin | istration |
| MARYLAND 2120 | I g | d in | 27: | 13a S | AL RESIDENCE (IF NURSI | G HE WE OR OTHER H | NSTITUTION, GIVE RE | SIDENCE BEFO | RE ADMISSION) | 136. INSIDE CITY LIMITS? | 113e STREET A | DDRESS / ZIP COI |)F | |
| Q. | , 24 | fille outo | 製し | Ma | aryland | - | | altim | | YESXX NO 🗌 | 6225 | York Rd. | 21212 | |
| RYL | -ighic | 100 | ON | IA FA | THER'S NAME | MIDDLE | | LAST | | 15. MOTHER'S MAIDEN N | | MIDDLE | LAST | |
| WA | Po | and a | W. | 1 | | uinn | | th31 | | Rose | DeLacy | | | |
| or m | ecut | D a | 0/ | | VAS DECEASED EVER I | N U.S. ARMED F | | OCIAL SEC | URITY NO. | 17. INFORMANT | 100 | 14 Dendi | con Ct. | |
| BALTIMORE | e e | Pog | 200 | | Yes | (IF TES, GIVE WAR C | M | W I | | Mildred Cun | ningham | Baltimon | e, Md. | 21234 |
| ALT | ie b | pers. | = | | | Enter only one | couse per in fo | or (o), [b), o | inducia i | | | | | MATE INTERVAL |
| | - Dico | hy o | - ent | | PART I. DEATH WA | AS CAUSEÓ BY: IMMEDIATE CAU | | wa | el 1 | ailue | | | | |
| S | 1 | 31 | 4 | | | | UE TO, OB-AS A | CONERO | HENCE OF | 1 1 | . 1. | | | |
| STO | 1 | 1 | O D | | Conditions, if ony, | | (b) CAS A | | | witest | al 4 | eedin | 9 | |
| 8 | A | 11 | 2 | | gave rise to imm | ediate | UE TO, ORAS | CONCED | UENICE OF | | | (| | BILL IN |
| 201 W. PRESTON ST., | 100 | by 35 | 6 | | underlying couse | lost. | OE TO, ORIAS | A A A | C | licer | | | | |
| 201 | es 1 | pleo | , o., | | PART 2 OTHER SIGN | IFICANI CONDI | TIONS CONTRI | BUTING TO | DEATH BUT | NOT RELATED TO THE TER | MINAL DISEASE | OR CONDITION G | IVEN IN PART 110 | 0. |
| DIVISION OF VITAL RECORDS, | 25 | Then to by | njury, | O | men | a tri | 11101 | | | | | | | |
| 0 | 3 | prior | à V | CERTIFICATION | He DATE OF ORERAT | | L CONDITION | FOR WHIC | H OPERATIO | N WAS PERFORMED | 20s. AUTO | PSY2 206. IF Y | ES, WERE FINDIN | IGS USED |
| A A | he lo | has | 3 | Ĭ. | 9/17/8 | 6 | Blud | ing | aast | ric ulcer | VES 🗆 | | IFYING CAUSES | NO [|
| 1 | IAN: T | onsid | 8 8 | E E | 210. ACCIDENT WAS UND | | IN TIME OF INJU | | NE AN | 71c. HOW INJURY OCCU | RRED (ENTERNA | TURE OF INJURY IN ITEM 18 | PART T OR PART 2) | |
| 9 | | burial-transi Mental Hygi | Ed | ¥ | OR CONTRIBUTING C | NOSE OF DEATH | P.M. | MUNIH SI | DAT U TEAM | STATE OF LAND ASSESSMENT | | | | |
| O | PHYS#C ending | bur I Me | ō | MEDICAL | 21d. INJURY OCCURR | ED 21 | e. PLACE OF IN | JURY | | ZII LOCATION | 100 | CITY DIE TOWN | EDUNTY | STATE |
| N N | O b | s the | morked | 2 | WHILE NOT WHE | LE | IT HOME STREET, FA | CTORY, OFFICE | , FARM, ETC) | | | 1 1.1 | ut t | JIAIL |
| ۵ | Zo | USE OS Health | 9 | | 220.1 certify that (#4) | | tended the deci | speed from | -4/1 | 3 10.00 | 2 10 | 10/4 | 19 00 | that (we) last |
| | R ATTEN hospital | TOR of H | 21 is | | saw the decease above (4 (we) (d | d alive on | CF C | 19 | 801. or | d that in (🎮 (our) opinio | n death accurred | d on the date and ha | our and Irom the | couses stated |
| | OR ATT | DIREC oched Dept | E | 199 | 226. SIGNATURE | () | the body offer | deom. | | DEGREE | | | 22c. DAJE | SIGNED |
| | the the | etoc te D | # / | | 1 20 | Udi | NEI | cle | 1 | ATTENDING PHYSICIAN | MEDICAL | STAFF | 101 | 180 |
| | SPIT, | bed e Sto | NA T | | 224 PHYSICIAN'S NA | ME (TYPE OR PRINT) | | | | 22e ADDRESS | Α Λ | | | |
| | HO | Should be detoo | MPORTANT | | A.ZM | Mosk. | 100 | | | 7620 | Will K | el. Tou | Mrs. M | V) 21204 |
| | 5 e | O de 3 | ₹ | 73a. E | URIAL, CREMATION, | REMOVAL 23b. | DATE | 730 | NAME OF C | EMETERY OR CREMATORY | 23d LOCA | | 4000 | |
| | BP. | | | | Burial | | t. 7,19 | | ew Cat | | CITY | DRIOWN | COUNTY | STATE |
| | | | | $\overline{}$ | | | | | | | ATE REC'D. BY RE | Cimore Cit | TRANS SIGN | |
| | | RA 15, 4 | | M- | uneral director Ltchell-Wie | defeld | Home T | ADDRESS B | alto | Md. 2121200 | T 06 10 | 86 Jane | Width. | |
| | 1. | | | | | -acreid | Home, 1 | ne. P | , | | 10010 | (1) | | |

| 01153 | | FOR STATE REGISTRAR | | DEPARTN | CERTIF | OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH | REG. NO | | / 0 6 |
|--|---------------|---|---------------------------------|--|-------------------------|---|--|--------------------|---|
| oge 3th | | CEASED NAME FIRST W OR PRINT) WIL BU | LBURN | C. PETE | RS | ERS | 20. DATE OF DEATH | 10-11-8 | C 10 A M |
| ge 4 ma ctor, po | 3. SE | Male | 4 RACE White | e | S. DATE C | 15, DAY 919 YEAR | 6. AGE (IN YEARS LAST BIR) | | DAYS HOURS MIN. |
| leoth. Po | 3 | HPLACE (STATE OR FOREIGN | U.S.A. | WHAT COUNTRY? | 8. MARRIEI WIDOWE | NEVER MARRIED | Baltimore city o | County OF DEA | TH MD. |
| s offer o | | ndalistown | | ICH SACILITY GIVE STREET | ADDRESS) _ | eneral Hospita | 120 USUAL OCCUPATION OF WORK FOR MOST OF Retire | WORKING LIFE) INDU | IND OF BUSINESS OR STRY |
| AND 212 | 1200 5 | TATE HOWE OF PURSING HOME OF TATE HOME OF HOME OF TATE | VTY | N. GIVE RESIDENCE BEFORE 136. CITY OR TOWN | N | 136 INSIDE CITY LIMITS? | 130.STREET ADDRESS / | | 21163 |
| MARYLA ed within | 14-8/ | Tiliman M. Pet | MIDDLE ers | LAST | | is mother's maiden na Ida Fallin | WE | | LAST |
| MORE, M. nond control Pages medica | | VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV YES WW | MED FORCES? (E WAR OR DATES) | 217 16 0 | | Mrs Isabel F | ADDRE Peters 1470 | | Rd 21163 |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours retending physician ond complete has been signed by the attending physician and complete has been signed by the attending physician and complete has been signed by the attending physician and complete has been standard than a standard from the please remove corban papers. Pages made that the and Membel than a standard than a standard from the please remove the analysis or the please and the please and the please and the please and the please are a standard from the please and the please are a standard from the please and the please are pleased. | CERTIFICATION | Conditions, if ony, which gove rise to immediate cause tol, stating the underlying cause last. PART 2. OTHER SIGNIFICANT (| DUE TO, C | OR AS A CONSEQUE OR AS A CONSEQUE CONTRIBUTING TO C | NCE OF DEATH BUT | 8007, | LNFA, 20 7 4SM Alinal disease or coni 200. Autopsy? | ión | FINDINGS USED |
| VITAL RI N: The le nysicion. roots per Hygiene 18 shows | ERTIFI | 21a. ACCIDENT WAS UNDERLYING | | OF INJURY | | 21c. HOW INJURY OCCUR | YES NO | YES 🗌 | NO 🗌 |
| DIVISION OF V ING PHYSICIAN ther this certific os the buriol-fr th and Mental It orked of Itemal | MEDICAL | OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE (AT HOME, S | A.M. MONTH DA P.M. E OF INJURY TREET, FACTORY, OFFICE, FA | 19 | 211. LOCATION STREET | CITY OR TO | | |
| OSPITAL OR ATTEND ed by the hospital or UNERAL DIRECTOR, A d be detoched for use the State Deat, of Heal RTANT: If Item 21 is m | | 22a. I certify that (I) (this hasp sow the deceased alive an abave, (I) (we) (dir) teld no 22b. SIGNATURE | or PRIMITY | 198 | (| d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [27e ADDRESS | MEDICAL STAR | F IAN D | that (I) (we) lost m the causes stated DATE SIGNED O- 11-86 |
| BP TO HOW Should be should | | URIAL, CREMATION, REMOVAL BCIFY) Burial | 23b. DATE | 23c. N | | EMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | | Mary land |
| DHMH - 16 60M 7/84 (VRA 15, 4) | 24 Ft | INERAL DIRECTOR Harry | H Witz | zke & Fami | Ty Fu | neral Hone DAT | TE REC'D. BY REGISTRAR | | GNATURE |

THE RESERVE OF THE PARTY OF THE ythis is is is and provide the later than the same and the constraint of et feet and the second of the 102

The last the



| | | FOR | | | STATE OF MARYLAND OF HEALTH AND MENTAL HYG | LIENE | |
|--|---------------|---|---|--------------------------------|---|--|---|
| 0-20838 | 1 - | STATE REGISTRAR | | | RTIFICATE OF DEATH | d D REG. NO | 2//10 |
| | 1. DEC | EASED NAME FIRST | MIDDI | | LAST | | MONTH DAY YEAR 26 HOUR |
| be be coth | TITPE | MARGAR | ET R | . RE | CTOR | OCTO | BER 10, 1984 1 AM |
| of other A | 3. SEX | emale | White | | ATE OF BIRTH MONTH 29 1895 | 6. AGE (IN YEARS LAST BIRT | (HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. |
| A FESS | | RTHPLACE (STATE OR FOREIGN OUNTRY) Maryland | 76 CITIZEN OF WHA | A. M. | ARRIED NEVER MARRIED DOWED KK DIVORCED | 9. BALTIMORE CITY O | COUNTY MD. |
| 190 | | TOWSON | (IF NOT IN SUCH FACE | ELLA M | ARIS | 12d USUAL OCCUPATE (Type of work for most of Homemaker | ON 12% KIND OF BUSINESS OR INDUSTRY |
| 135 | 130 S Ma | ryland Bal | or other institution. Give JNTY timore | RESIDENCE BEFORE ADMIS | 13d. INSIDE CITY LIMITS? | 400 Hopkins | Ś ^z R d. 21 21 2 |
| 1 080 | 14 FA | THER'S NAME Henry F | lerbert] | Duvall | 15. MOTHER'S MAIDEN NA Ada | WE | Miller |
| IMORE or eec nodes | | AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, O | TIVE WAR OR DATEST | SOCIAL SECURITY . 2-74-1185 | | otor 1203 C | Captains Ct. 21204 |
| Tr., BALT Trificate by physicio npopers movol. | | 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU | only one couse per line SED 8Y: ATE CAUSE (o) | for (o), (b), and (c). | STROKE | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| DS, 201 W. PRESTON quires that the death c signed by the ottendir hen please remove cark to burial. cremation, or jury, or other troumoting. | Z | Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN | (b) AD DUE TO, OR AS | a consequence | IRTERIOSCLEROTIC | | |
| RECORI low rec low recent. It | CERTIFICATION | 19a DATE OF OPERATION | 19b. CONDITIO | n for which opei | RATION WAS PERFORMED | 20a AUTOPSY? YES NO | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO |
| DIVISION OF VITAL NG PHYSICIAN: The ottending physicion fifer this certificate h os the buriol-transit p th and mental Hygien orked ochem. 18 show | MEDICAL CER | 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMI) 21d, INJURY OCCURRED | BEATH HOUR A.M. | MONTH DAY | 211 LOCATION | RED (ENTER NATURE OF INJUR | RY IN ITEM 18 PART LOR PART 2) |
| OIVISIC Offer the offer the bost the bost the bit ond I | WE | WHILE AT WORK | (AT HOME STREET. | Fright OFFICE THEM S | | CITY OR TO | |
| spitol or spitol or cTOR. A for user of Health | | 220.1 certify that (I) (this has saw the decrased alive above, (I) (we) (did) (did | 10 17) | 19 86 | ond that in (my) (aur) apinion | death occurred on the do | 10 19 86 that (II (we) lost one and hour and from the causes stated |
| AL OR / the ho AL DIRE detoched ote Dept II: If Hen | | 77% SIGNATURE | 3 | > | DEGREE ATTENDING PHYSICIAN [| MEDICAL STAP | IAN I |
| o HOSPITAL eroined by TO FUNERAL TO FUNERAL should be de with the Stoti | | EDDIE NA | KHU DA | M.D. | STELLA MAR | 15- TOWSON | LANDI VALLEY RD. |
| PP | 23a E | URIAL, CREMAJION, REMOV SPECIFY) Burial | 218713/8 | 6 Lorr | of CEMETERY OR CREMATORY | 23d. LOCATION CITY ORTOWN Woodlaw | |
| DHMH - 16 60M 7/84 | BP | | | ADDRESS Vor | | JCF 01844 9986 | 25b. REGISTRAR'S SIGNATURE |

Arteriosclerotic heart disease PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? COUNTY 86 , and that in (n) (our) apinian death accurred on the date and haur and liam the couses stated 220 DATE SIGNED 9000 Franklin Square Drive. 21237 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OF CREMATORY
Sacred Heart of Jesus Baltimore Co. . Md. 10/11/86 Bursal 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Bruzdzinski Funeral Home M 1407 Old Eastern Ave o "a Cavidon Vine

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DHMH - 16 60M 7/B4 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYCIENE

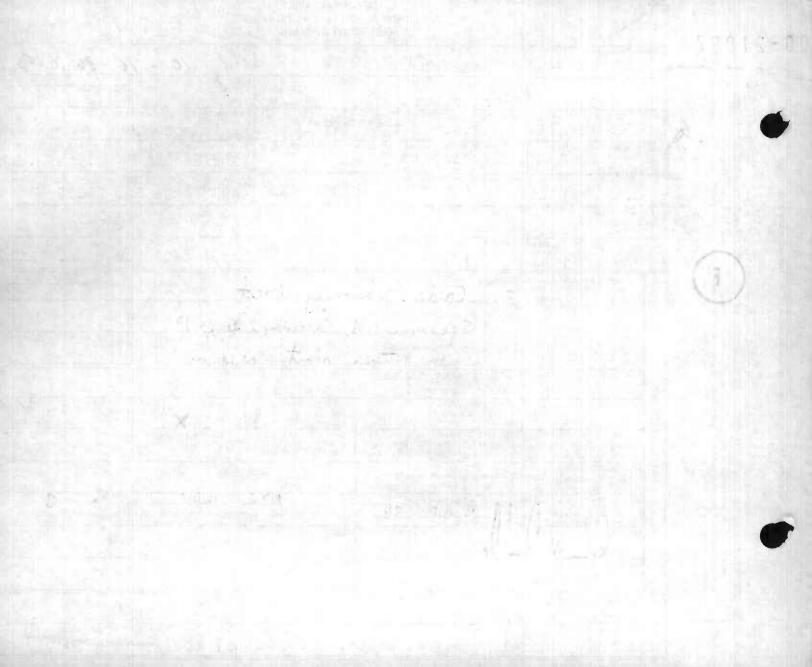
| | 1 - | FOR STATE REGISTRAR | | DEPARTA | | EALTH AND MENTAL HYG | | 10. | 7 | 1 2 |
|--|---------|---|----------------------|---------------------------|--------------|-------------------------------|--------------------------|--------------------|----------------------|----------------------------------|
| ı | | | | MIDDLE | 1 | AST | | | Y YEAR | 2b. HOUR |
| | (TYPE | JOSEPI | J. | | REHAK | | | | | м |
| ı | 3. SEX | | 4. RACE | | | | 6. AGE (IN YEARS LAST BI | | | IF UNDER 24 HRS HOURS MIN. |
| | 1 | Male | | | oct. | 13, 1919 | 67 | YRS. | | |
| 2 | 7a. BIF | OUNTRY) | 76 CITIZEN OF | WHAT COUNTRY? | 8 MARRIE | D NEVER MARRIED | 9 BALTIMORE CITY | OR COUNTY O | FDEATH | |
| 2 | Pe | ennsylvania | U.S. | A. | 1 | | | | ty, | MD. |
| į, | | | (IF NOT IN SU | CH FACILITY, GIVE STREET | ADDRESS) | OR OTHER INSTITUTION | TYPE OF WORK FOR MOST | OF WORKING LIFE) | INDUSTRY | |
| 7 | USUA | L RESIDENCE (IF NURSING HOME C | OR OTHER INSTITUTION | GIVE RESIDENCE BEFORE | ADMISSION) | A 12 L INICIDE CITY I IN ITC2 | | | | |
| 7 | | | | | | YES NO K | 105 Count | ry Lan | e 2109 | 3 |
| į | FA | | MIDDLE | LAST | | FIRST | ME | | LAS | ST . |
| Ç | / | | | | | Matilda | | | fulsay | |
| 1 | Tea. V | AS DECEASED EVER IN U.S. A | RMED FORCES? | | | | | ESS | | |
| ð | | Yes WW | II | 165-18-1 | 454 | Mrs. Ellen | A. Rehak S | Same as | | |
| H | | 18 CAUSE OF DEATH (Enter of | only one couse pe | r line for (o), (b), on | dichi , | | | | | MATE INTERVAL ONSET AND DEATH |
| ı | | | | METAST | ATIC | CARCINOM | 4 | | +6 | MO. |
| Į, | | 1741712571 | | OP AS A CONSEQUE | NCE OF | | | | | |
| 7 | | Conditions, if ony, which | (| JR AS A CONSCOOL | INCE OF | | | | | |
| | | gove rise to immediate | | DD AS A CONSEQUE | NCE OF | | | | | |
| | | underlying couse lost. | (0) | JR AS A CONSCOOL | INCE OF | | | | 17.43 | |
| | | PART 2. OTHER SIGNIFICANT | CONDITIONS | ONTRIBUTING TO D | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVEN | IN PART 1 | 0 |
| | O N | | | | OPL | | | | | |
| | CAT | 19a DATE OF OPERATION | 19b. CONE | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | | | |
| | TIE | | | | | | YES NO | YES | | NO 🗌 |
| | CER | | | | AY YEAR | 21c. HOW INJURY OCCURE | RED (ENTER NATURE OF INJ | JRY IN ITEM 18 PAR | T OR PART 2] | |
| | CAL | | AIR. | | 19 | | | | | |
| | EDIC | 21d. INJURY OCCURRED | 21e PLACE | OF INJURY | 4 Pag 63 C 1 | 211 LOCATION | CITY OR 1 | OWN | COUNTY | STATE |
| 1 | Σ | WHILE NOT WHILE AT WORK | (A) HOME, S | TREET, PACTORY, OFFICE, P | ARM EIC I | | | | | |
| | | 22a.1 certify that (1) (this hasp | | | | 19 85 | , to10 | 25 19 | 06. | that (1) (we) lost |
| | | sow the deceased alive a obove, (1) (we) (did) (did n | n | v ofter death. | 06.0 | nd that in (my) (our) opinion | deoth occurred on the c | lote and hour o | and from the | couses stoted |
| 1 | | 22b. SIGNATURE | 10 | | | DEGREE | | | | |
| | | EA W | Mem | | N | PHYSICIAN * | MEDICAL STA | CIAN 🗆 | 10- | -27-86 |
| TOPECASED NAME TABLE TAB | | | | | | | | | | |
| | | L | | | | | | um, MAr | yland | 21093 |
| | | SPECIFY), | | | | | | | COUNTY | STATE |
| | _ | | Oct.2 | 8,1986 P | arkwo | od Cemetery | Parkvill | e Bal | to., M | d |
| | | NAME | | | | | TO 1006 | ZSB. KEGISTRA | AK'S SIGNAT | Dry later |
| | R | uck Towson Fun | eral Hon | ne, Inc. | Cowso | n, Md. 21204 UL | 1 6 3 1300 | V | Parket of the second | • |

DHMH - 16 60M 7/84 (VRA 15, 4)

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| 00.2222 | 1, | FOR | | | DEPAR | | E OF MARYL | LAND MENTAL HYG | IENE . | <i>p</i> ² 1 | 7 | 1 1 2 |
|--|---------------|--|-------------------|------------------|-----------------------|----------------|---------------|--------------------------------------|---------------------------|-------------------------|----------------------|--|
| 00-22863 | 1' | STATE REGISTRAR | | | | CERTIF | ICATE OF | DEATH | 8 B | . NO. | . / | 1 3 |
| | | ECEASED NAME PE OR PRINT) | FIRST | 100 | WIODLE | | AST | | 20 DATE OF DEATH | MONTH | DAY YEAR | 2b. HOUR |
| noy be poge 3 | 1 | | OBERT | Γ | ABNER | F | REIGHA | ART | | 10 | 31 86 | 6 2:20 Am |
| mo di | 3. S | EX | 4 | I. RACE | | 5. DATE C | | | 6 AGE (IN YEARS LAS | BIRTHOAY) | IF UNDER 1 YE | |
| oge 4 | | Male | | Whit | :e | *8" | 29 | 1927 | 59 | YRS. | | |
| P P P P | | BIRTHPLACE (STATE OR F | | | WHAT COUNTRY | Y? 8 MARRIE | NEVER | MARRIED - | 9 BALTIMORE CIT | _ | | |
| de d | | ennsylvania | | U.S | | WIDOWE | | NORCED | BALTI | MORE | COUNT | Y , MD. |
| The fee | 10. | CITY OR TOWN OF DEA | TH 1 | (IF NOT IN SUC | HOSPITAL, NURS | ET ADDRESS) | | | 17a USUAL OCCUP | | 17b. KIND INDUSTR | D OF BUSINESS OR |
| 201 | - | TOWSON | | GBMC- | 6701 NO | O. CH | ARLES | STREET | Minister | | Chu | rch |
| BALTIMORE, MARYLAND 21' | 130 | JAL RESIDENCE (IF NURS STATE Md. | 13b COUNT Balt | TY | 13c CITY OR TO Timoni | WN | 13d INSIDE | CITY LIMITS? | 23 0 Dee | S / ZIP COL | La. | 21093 |
| 1 A 785 | > 14.1 | ATHER'S NAME | | | -2 | | 15. MOTHER | 'S MAIDEN NAM | | | | |
| MAN (D) | 1 | Horace | ^ | R. | Reigha | rt | | Abbie | WIDOI | | Pat | terson |
| H. C. | 160 | WAS DECEASED EVER | | MED FORCES? | 166 SOCIAL SE | | 17 INFORM | | | DRESS | | |
| TIMO | L | (YES NO OR UNKNOWN) | (# YES, OWE | WAN ON DATES, | 201-14- | 2433 | Mrs. | Elsie K | . Reighar | t Sa | me as | 13e |
| BALL T. th | | 18 CAUSE OF DEATH | H (Enter anly | y ane cause per | line for (a), (b), | and Icia | | F_ J = A. I. | | | BETWE | OXIMATE INTERVAL EN ONSET AND DEATH |
| ST., | | | IMMEDIATE | | | | CARDL | AC ARRE | ST | | | 2 HOURS |
| Ah modern company of the control of | | | | DUE TO, O | R AS A CONSEQ | UENCE OF | | | | | | |
| dep dep otte | | Canditions, if any, | | (b)_ | 1100 | | MY | OCARDIA | AL INEAR | CTION | | |
| V. PR | | cause (a), statin | g the | DUE TO, O | R AS A CONSEQ | UENCE OF | | | | | | |
| thot d by lease iol, c | | | | ((c) | | | | | | | | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The low requires that the death and other this certificate has been signed by the ottending of the buriol tronsit permit. Then please rememore card to such Mental Hygiene permit. Then please rememore card of the Mental Hygiene permit. The or the strong or the stron | Z | PART 2. OTHER SIGN | HEICANTCO | ONDITIONS CO | ONTRIBUTING TO | DEATH BUT | NOT RELATE | D TO THE TERMI | INAL DISEASE OR CO | ONDITION G | IVEN IN PART | 1ra |
| OR V red | CERTIFICATION | 19a DATE OF OPERAT | ION | 19h COND | ITION FOR WHIC | H OPERATIO | N WAS DEDE | OPMED | 200 AUTOPSY? | 20h IE V | ES, WERE FINI | DINGS USED |
| REC. | FIC. | THE DATE OF CITERAL | 1014 | 176. COND | INDIVIOR WITH | III OF ERATIO | WAS FERF | OKMED | | IN CERT | TIFYING CAUS | SES OF DEATH? |
| TAL | - 1 | 21a. ACCIDENT WAS UND | ERIYING | 216. TIME C | F INJURY | - | Tale HOW II | N IURY OCCURR | YES NO | | YES | NO 🗆 |
| JEVI IAN: Infico | | OR CONTRIBUTING | AUSE OF DE AT | HOUR A. | M. MONTH | DAY YEAR | | TOTAL OCCURR | ED (ENIEK NATURE OF I | AJOKA IN LEW IR | PART OR PART 2 | 2) |
| YSICIA fing ph socriol-tr Mentol | MEDICAL | (IF EITHER NOTIFY MEDIC | | P. 21e PLACE | M. OF INTUDY | 19 | 211 LOCAT | ION | | | | |
| /ISIG | N. N. | WHILE TO NOT WH | NE 🗇 | (AT HOME, ST | REET, FACTORY, OFFICE | E, FARM, ETC) | STREE | ET | CITY O | RIOWN | COUNTY | STATE |
| DINC or o Affe se os olth mork | | 22a 1 certify that (1) | K | 1) cased all als | | | 10 04 | 10 06 | 40 | 24 | 06 | |
| ATTENDE Spital of CTOR. of Her of Her | | saw the decease abave. (1)(we) (d | | | | 0/ | d that in (my | , 19 <u>86</u> r) (our) opinion d | eath occurred an the | 31 date and ha | | h, that (1) (we) lost the causes stated |
| OR or ho | | 226. SIGNATURE | 2 | 40 | . () | | DEGREE | ATTENIONIO | HEDICA: | | 22c DA | TE SIGNED |
| TAL Y th Y th Gato deto deto | | Karl | - C. | Holy | ick | | | PHYSICIAN | MEDICAL S DIRECTOR PHY | SICIAN | 10 | 0/31/86 |
| OSPI DNEF JNEF d be d be SI RTAN | | 22d PHYSICIAN'S NA | ME (TYPE OR | PRINT) | | | 22e ADDRE | \$\$ | | | | |
| TO HOSPITAL TO FUNERAL Should be deter with the State | | DR. K | ARL.C. | GOLNI | | | GRMC | -6701 N | CUADILE | CT | | |
| ₩ 5 E # 3 ₹ | 23a. | BURIAL, CREMATION, | REMOVAL | 236 DATE | 230 | | EMETERY OR | CREMATORY | 23d. 10CA110N | 311 | | |
| BP | | Cremation | | 11/1/86 | 5 | Westvi | ew Ceme | etery | Balto. | | Balto. | Md ^{ate} |
| DHMH - 16 60M 7/B4 | 24 | FUNERAL DIRECTOR | | | ADDRE 1 | .050 Yo | rk Roa | | REC'D. BY REGISTR | AR 25b. REGIS | TRAR'S SIGN | ATURE |
| (VRA 15, 4) | R | ick Towson | Funera | al Home | , Inc. I | owson, | Md.212 | 04 NO | IV 3 - 1986 | Bulca | Danders | n. Kondalis |

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|--|---|---|---|------------------|------------------------------------|--|---|-------------------------|--|--|--|--|
| 0-22651 | FOR STATE REGISTRAR | | DEPARTA | | EALTH AND MENTAL HY ICATE OF DEATH | GIENE 8 6 REG. NO. | 271 | 15 | | | | |
| 0-22651 | I. DECEASED NAME | FIRST | MIDDLE | (| AST . | 20 DATE OF DEATH MON | TH DAY YEAR | 26 HOUR | | | | |
| eo th | (TYPE OR PRINT) | DAVID | | R | EITZICK | OCTOBER 25 | ,1986 | 10:15 ^A . | | | | |
| 4 mo) | 3 SEX MALE | 4 RACE | UCASIAN | S. DATE C | DE BIRTH UST 11,1906 | 6. AGE (IN YEARS LAST BIRTHDAY | IF UNDER TYEAR | IF UNDER 24 HRS | | | | |
| 4 1635 | MARYLAND | | F WHAT COUNTRY? | MARRIE WIDOWE | D NEVER MARRIED A | 9 BALTIMORE CITY OF CO | COUNTY | MD. | | | | |
| 100 | 10 CITY OR TOWN OF DE BALTIMOR | | GREENWOOD | | OR OTHER INSTITUTION | 120. USUAL OCCUPATION (TYPCLERKOR MOST OF WOR | | CTATESSOR JRITY ADM | | | | |
| MARYLAND 21201 Ed | USUAL RESIDENCE (IF NU 130. STATE MARY LAND | 13b COUNTY BALTO | 13c. CITY OR JOW BALTO | ADMISSION) N | 13d. INSIDE CITY LIMITS? | 13. STREET ADDRESS VIII | 66B ^{DE} RD. 212 | 208 | | | | |
| MARYL MARYL | 14 FATHER'S NAME HENRY | WIDDLE | REÎTZ1 | CK | ANNIE | MIDDLE | ABRAMS | 5 | | | | |
| BALTIMORE, | (YES, NO OR UNKNOWN) | R IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) | 217-01-6 | | 17 INFORMANT HILDA RUTH | REITZICK 703 | GREENWOOD | RD. 21208 | | | | |
| 2 10 10 10 10 10 10 | 18 CAUSE OF DEA PART I. DEATH | ITH (Enter only one cause p WAS CAUSED BY: IMMEDIATE CAUSE (a)_ | er line far (a), (b), an | In wel | la arrhyth | MIW | APPROX BETWEEN | ONSET, AND DEATH | | | | |
| PRESTON ST. he death certifications or matter, or retroumation, or retroumation. | Conditions if an | Conditions, if ony, which (b) CAD; Heart Block 5 years | | | | | | | | | | |
| W. by the see of the other | gave rise to in couse (a), state underlying cause | nmediate) | OR AS A CONSEQUE | ENCE OF | | | | | | | | |
| equires the signed I hen pleat to buriel injury, or inj | | GNIFICANT CONDITIONS | CONTRIBUTING TO I | DEATH BUT | NOT RELATED TO THE TER | MINAL DISEASE OR CONDITIO | ON GIVEN IN PART 1 | (a | | | | |
| DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low require oftending physicion. Wher this certificate has been signs the buriol-transit permit. They have and Mental Hygiene prior to be corked or them 18 shows any injury. | 190. DATE OF OPER | ATION 196. CON | DITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? 200 | LIF YES, WERE FIND! CERTIFYING CAUSES YES [| NGS USED S OF DEATH? | | | | |
| N OF VITA SICIAN: The paper of | do Contratalistado | CAUSE OF DEATH HOUR | OF INJURY A.M. MONTH DA | AY YEAR | 21c. HOW INJURY OCCU | RRED (ENTER NATURE OF INJURY IN | ITEM 18 PART I OR PART 2) | | | | | |
| DIVISION DING PHYSIC OF offending After this of e os the burn offending morked or Me | 21d. INJURY OCCU | RRED 21e. PLAC (AT HOME, | E OF INJURY STREET, FACTORY, OFFICE, F | | 211. LOCATION STREET | CITY OR TOWN | COUNTY | STATE | | | | |
| DI TTENDIN TOR: Aft for use o for use o | 220.1 certify that (| l) (this hospital) attended | 19_ | , aı | nd that in (my) (aur) opinion | , to, to | | that (I) (we) lost | | | | |
| OR A- DIREC DiREC Dept. | 226 SIGNATURE | (did) (did not) view the box | Matter death. | | DEGREE ATTENDING PHYSICIAN | MEDICAL STAFF | - 10/ | SIGNED 1 | | | | |
| TO HOSPITAL TO FUNERAL should be det with the Store | 6715 | NAME PROPERTINAL JO | 7156 | | JOJEPH C | SHEAR M | | | | | | |
| BP | 230. BURIAL, CREMATION (SPECIFY) BURIAI | | | | EMETERY OR CREMATORY ISRAEL CEMETE | RY BALTIMO | ORE MARYL | AND STATE | | | | |
| DHMH - 16 60M 7/B4 (VRA 15. 4) | NAME | SOL LEVINSON TERSTOWN RD. | ADDRESS | | 21215 | TE 3 O 1986 | REGISTRAR'S SIGNA | TURE, LOVE | | | | |

| n-2na7a | 1. | FOR STATE REGISTRAR | DEP | STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH | GIENE 8 6 2 | 7/16 |
|---|---------------|--|---|--|--|---|
| 120013 | 1 DE | CEASED NAME FIRST | WIDDLE | LAST | | DAY YEAR 26 HOUR |
| oy be | (TYP | Frank | Joseph | RICKTER | October 13, 198 | 36 1°12:30 P |
| moy ter d | 3 SE | X | 4. RACE | 5 DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS |
| ge 4 | | Male | White | 9 13 DAY 1889 | 97 YRS | DATS HOURS MIN. |
| 2 Pod 24 | | IRTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUN | MARRIED NEVER MARRIED | 9. BALTIMORE CITY OR COUNTY | |
| de de la | | aryland | USA | WIDOWED DIVORCED | Baltimore Count | o inp. |
| by the f | | OSSVILLE | (IF NOT IN SUCH FACILITY, GIVE | URSING HOME OR OTHER INSTITUTION STREET ADDRESS) 1276 Hospital | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Ret.—Carpenter | 126. KIND OF BUSINESS OR INDUSTRY |
| 24 hours | 13a. | AL RESIDENCE (IF NURSING HOME STATE 136 COL aryland Bal | OR OTHER INSTITUTION GIVE RESIDENCE UNTY 136. CITY OF | | 13e STREET ADDRESS / ZIP CODE 827 Mildred Ave | .BaltoMd.212 |
| 6) \$30 | | ATHER'S NAME FIRST Joseph | MIDDLE RICH | 15. MOTHER'S MAIDEN NA | ME | Vernach |
| ond car Pages 1 | | WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, C | SIVE WAR OR DATES) | SECURITY NO. 17 INFORMANT -05-95034 Gilbert Ric | ADDRESS | Ave. 21222 |
| f., BALINITICATE by physicial npapers. moval. | | PART I. DEATH WAS CAUS | only one cause per line for (a), (| | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIM ING PHYSICIAN: The low requires that the death certificate be a retending physician. Wher this certificate has been signed by the attending physician of sthe burial-transit permit. Then please remove corbonapaers. Por th and Mental Hygiene prior to burial, cremation, ar removal. arked or tem ? Batterns, any injury, or other traumatic event, the me | NO. | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT | DUE TO, OR AS A CONS | SEQUENCE OF G TO DEATH BUT NOT RELATED TO THE TERM | | EN IN PART 110 |
| he law readon. hos been to permit. The ene priorit. | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR W | HICH OPERATION WAS PERFORMED | IN CERTIF | , WERE FINDINGS USED YING CAUSES OF DEATH? |
| SICIAN, TI ng physica certificate priod-fronsit tem 18-sh | | 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN | DEATH HOUR A.M. MONTH | H DAY YEAR | RED (ENTER NATURE OF INJURY IN ITEM 18 PA | art Or Part 2) |
| Offer this of the bur and Med or it | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET, FACTORY, O | OFFICE FARM ETC.) 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| ATTENDIN spital or CTOR: Af for use of of Health | | 220.1 certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did) | or tober 13, | rom October 6, 19 86 | , to October 13, death occurred on the date and hour | ond from the couses stated |
| ral OR Ay the horal base detached detached oute Dept. | | 27b. SIGNATURE | w jours | PHYSICIAN [| MEDICAL STAFF DIRECTOR PHYSICIAN | 22c. DATE SIGNED |
| TO HOSPITAL TO FUNERAL should be det with the State | | SAM | TOUE6 1 | | lin Square Drive | - 21237 |
| BP | 23a. | BURIAL, CREMATION, REMOVA (SPECIFY) Burial | 236. DATE 10–16–86 | Most Holy Redeemer | Baltimore | COUNTY Maryland |
| DHMH - 16 60M 7/B4 (VRA 15, 4) | 1 | UNERAL DIRECTOR NAME ASCAHN FUNCY | al Home Bh | 101 Belair Rd. 250 DAT 110. MD. 21236 OC | TE REC'D. BY REGISTRAR 255. REGISTR | RAR'S SIGNATURE |

9-7:097-01 and the second s The second secon

| 1GA | | 1 | FOR | | 1 | PART | STAT MENT OF H | | ARYLAN | | YGIENE | | 0 7 | 7 1 | 7 |
|--------------------------------|--|---------------|---------------------------------------|-------------------------------|-------------------------------------|---|-------------------|------------|-------------------|----------------|-------------|--------------------|------------------|--------------------------------|---------|
| | | 1- | STATE REGISTRAR | | | | EXAMINI | | | | F DEA | -0- | EG. NO. | , , | • |
| 00 - 2 | 0120 | | CEASED NAME | FIRST | | MIDDLE | | | LAST | | 2 | a DATE KNO | WN I MOI | NTH DAY YEAR | 26 HOUR |
| | S.S.S.S, | [141 | E OR PRINT) | HARRY | '. U. I | RIEF | E. | | Jr. | | | DEATH MAT | ED \$10 | -2 -86 19 | _ M |
| | ESSARY, PLEASE FAI DIRECTOR. R YOUR FILES. IHIN 72 HOURS | 3 SE | 4. | RACE | 5 DATE OF BIRTH | YEAR | 6 AGE (IN YEAR | | DER 1 YR. | IF UNDER | | RONOUNCED | MÓN | TH DAY YEAR | 2d HOUR |
| | ON 272 | | M | W | 3/21/97 | | 89 YR | | | INCORS | | DEAD | | -3-86 19 | 5:30P |
| | RESSA NERAL PEN | Pá B | RTHPLACE (51AT | E OR | 76 CITIZEN OF WE | | ITRY? | MARRI | ED NE | VER MARRI | ED 🗆 9 | BALTIMORE | CITY OR CO | UNTY OF DEATH | |
| | SE NO | 10.0 | MD ITY OR TOWN OF | | USA | | | WIDOW | | DIVORCE | | Baltim | ore Co | unty | MD |
| 1 | | | | | 11. NAME OF HOS | CILITY, GIVE S | TREET ADDRESS) | OR OTH | ER INSTITU | IION | | | | ORK 126 KIND OF B OR INDUST | |
| | BR 50 | | Bradsha | | 10627 JOI | nes Road VE RESIDENCE BEFORE ADMISSION) | | | | | Ap | praiser | • | Real | state |
| 1201 | THE REAL PROPERTY. | | TATE | 13h COUN | | 13c_CITY | or town | (4) | 13d. INSIDE CI | ITY LIMITS? | 13e STREI | ET ADDRESS | es Ro | 1., 21021 | |
| 0.3 | - NOW Z | 14. F. | ATHER'S NAME | | | | 20011000 | | | R'S MAIDE | | | 03 110 | 21021 | |
| 2 | ERES C | 1 | Harry | / | MIDDLE U. | | pe, S | Sr. | , F | Alice | | MIDDLE | | North | |
| WO | 2000 - 1 | 16a. \ | WAS DECEASED E | VER IN U.S. ARA | AED FORCES? | | IAL SECURITY | | 17 INFORA | | - | AD | DRESS | 1 101 011 | |
| ALTI | A A G S S S S S S S S S S S S S S S S S | | Yes | In tes, Give | | 218 | 09 549 | 53 | Kenn | eth C | . Ho | olt. | Sa | me | |
| 1 | 3855 | | II. CAUSE OF I | DEATH (Enter onl | y one couse per line | | | | | | | | | APPROXIMA BETWEEN ONS | |
| 120 | 188 | - | PARTIDEAT | IMMEDIAT | E CAUSE (a) GT | | | | chest | (rif | le) | | | | |
| K | NA PERSON | | Conditions | if ony, which | DUE TO, OR | AS A CON | ISEQUENCE C | F | | | | | | | |
| - | E DE SESSION | - | gave rise | to immediate oting the under- | (b) | 15 1 501 | ISEQUENCE O | | | | | | | | |
| V 100 | NAW N | | lying couse | | DUE TO, OR | AS A CON | ISEQUENCE O | F | | | | | | 100 has | |
| DIVISION OF VITAL RECORDS, 201 | XECL JOSE BUR BUR AND | - | PART 2 OTHER SIGNI | FICANT CONDITIONS | CONTRIBUTING TO DEATH | BUT NOT RELA | TEO TO THE TERMI | AL OISEASI | OR CONDITIO | N GIVEN IN PAR | RT 1 to | | | 1 | |
| 00 | D BE EXE ENDING MEDICA AS A BI SAITH AI CREMA | Z | | | | | | | | | | | | | |
| 11 RE | AL OLD | CERTIFICATION | 19a. DATE OF O | PERATION | 19b. CONDIT | ION FOR | WHICH OPERA | TION W | AS PERFOR | MED? | 66 | | | 20 AUTOPSY | ? |
| N N | S S S S S S S S S S S S S S S S S S S | 1 = | | | | | | | | | | | | YES X | NO 🗌 |
| 10 | Ser LE | LCE | 210. EXTERNAL | CAUSE WAS CAUSE OF D | 11b. TIME OF | MON'TH | 2/86, YEAR | 21c Ho | owinjury oject | | D (ENTER NA | ATURE OF INJURY IN | ITEM 18 PART 1 C | OR PART 2) | |
| SION | STED SENSON | MEDICAL | THE INTUINA OC | CLIPPED | P.M. | DE INJURY | (AT HOME | | CATION | 31100 | | | | | |
| DIX | NNER: THIS CERTIFICATE SHOULD BE EXE FICATE, WRITING THE WORD "PENDING E. FORWARDED TO THE CHIEF MEDICA CTOR: PAGE 3 SHOULD BE USED AS A BU THE STATE DEPARTMENT OF HEALTH AI LAND, 21201 PRIOR TO BURIAL, CREMA? | MEI | WHILE AT WORK | NOT WHILE | STREET FACT | ORY, FARM, E | TC.) | | | nes R | load | Bal. | timore | Co., Mar | vlånd |
| | D MEDICAL EXAMINER; THE EXECUTE WE SECULE THE CERTIFICATE, WE SECULE FORWARD TO THE MECTOR; PARE DEATH, WITH THE STANDER, MARYLAND, 213 | | | | (1) | 1 1 1 | | | sy K | | | | , | | |
| | AND SET TO SET T | | death resulted | | e of the remains des al couses , | | Suid | | sy E. J. | Inspection | | Inquiry, | | y opinion | |
| | CAM ERTIFE D BE MITH ARYL | | geam resulted | A Notur | or couses | Accident | | ide L | | PECIFY) | Undeter | rminea monner | Δ, | | |
| | CAL EXA THE CER SHOULD IRAL DIR ATH, WI | | ACTUAL SIGNATURE | MA | LOV | 2 | | M | | | iefor | CALEXAMINER | D/ Sk | ATE 10-4-8 | 6 |
| | ORA SEA | 1 | EXAMINER'S NA | ANA TO | 7 M | Direc | - M D | | | | | | 311 | 51465 | |
| | A SA | | (TYPE OR PRINT |) | | | n, M.D. | | ADDRESS_ | | | Street | | | |
| | E02249 | 230 B | URIAL, CREMATIC SPECIFY) Burial | ON, REMOVAL 2 | 10/6/86 | | NAME OF CEM | | | ORY | 23d. LOC | ikesvi | 110 | COUNTY MD S | TATE |
| 07/84 25M | BP | 24 F | UNERAL DIRECTO | | | | Puid F | | | 250. DATE R | | | | R'S SIGNATURE | |
| | DHMH - 17 (VR A15 ME (5)) | | NAME | Henry | W. Jan | | | | • | OC | TOO | 1000 | e produces | JERSON - NAMED OF | to self |
| | (10000000000000000000000000000000000000 | 145 | ob Yor | Road | Balto., | IVID | 21 | 212 | | | | - 1/ | | | |

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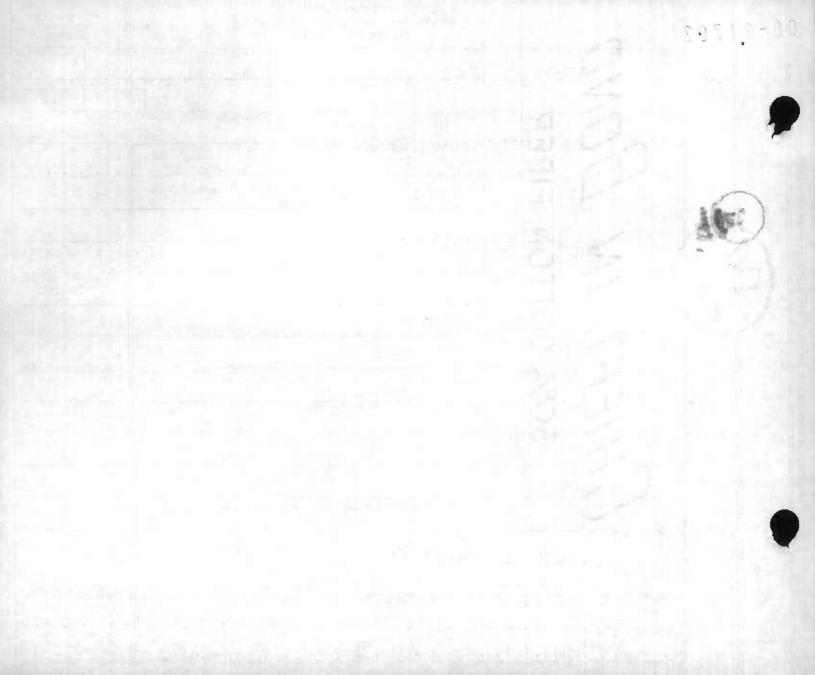
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Hans Yor Fost Selto., Von 121

F. Gasch's Sons F.H. P.A. Hyattsville, Maryland

(VRA 15. 4)



| | | | 1. | FOR STATE | | DEPARTA | AENT OF H | OF MARYL ALTH AND CATE OF | MENTAL HYG | GIENE 8 6 | 2 | 7 / | 1 9 |
|-------------------|--|----------------------------------|---------------|---|---|------------------|--------------------|---------------------------------|--------------------------------|--|-----------------------------------|-----------------|-----------------------------------|
| 0 - | 210 | 52 | 1.05 | REGISTRAR CEASED NAME FIRST | MIDDI | | | ST ST | DEAIR | REG. N | | AY YEAR | |
| | o m t | | | OR PRINT) | | | | | | 2a. DATE OF DEATH | | | 2b. HOUR |
| 4 | poge poge | | 3. SE | CHAR | LES M | • | R J | | | 6. AGE (IN YEARS LAST BIR | | 1986 | 5:30AM |
| 42 | ge 4 m ector. g | | 3. SE | M | W | | 05 | 21° | 20 YEAR | 66 | | IF UNDER I YEAR | HOURS MIN. |
| | Percel di | 2 | Ma | RTHPLACE ISTATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHA | | MARRIED WIDOWEI | | MARRIED | 9. BALTIMO | | | MD. |
| 10 | (A | 150 |)10 C | TOWSON | 11. NAME OF HOS (IF NOT IN SUCH FACE | | G HOME O | R OTHER INS | TITUTION | 12a USUAL OCCUPATE ITYPE OF WORK FOR MOST O | |) INDUSTRY | BUSINESSOR |
| 212 | 1 | 201 | USU | AL RESIDENCE (IF NURSING HOME OF | ROTHER INSTITUTION GIVE | RESIDENCE BEFORE | ADMISSION) | 101 115105 | 1714 114 170 0 | | 710 0000 | near r | S.La.L.E. |
| Q 1. | 2 19 | 191 | | Maryland Bal | | Upperc | | 13d. INSIDE O | NO F* | 13e.STREET ADDRESS / 5802 Emo | | ad 21 | 155 |
| YLA | rely S | 4 | 14 F | ATHER'S NAME | | | | | S MAIDEN NA | ME | r y no | du Li | . 1 // |
| AAR | d sold sold sold sold sold sold sold sol | Kom | 1/ | Ea rl | WIDDLE | Rill | 310 | 7.0 | nnie | MIDDLE | | LAST | |
| Ä, | 00 7 | 9 | | VAS DECEASED EVER IN U.S. AR | | SOCIAL SECU | RITY NO. | 17. INFORMA | * 7 . * pag | ADDRE | SS | Hughe | 25 |
| MO | ono Ono | medi | (| | VE WAR OR DATES) | 20-05- | 570 9 | Mno | Many | E D:11 | Homo | n 00 1 | 4.4 |
| Ę | e De | - f | | ves | | | | MIS | • Mary | E. Rill, | uppe | | ATE INTERVAL |
| RESTON ST., I | deoth certific | otion, or remov roumotic even | | 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA' Conditions, if ony, which gove rise to immediate | DUE TO, OR AS | ESPIRA | NCE OF | | URE | | | | |
| M. P. | that the | ol, cremo | 3 | couse (a), stoting the underlying couse lost | | ETASTA | ATIC | | | | | | |
| RDS, 2 | equires n signe Then of | injury, o | NOI | PART 2. OTHER SIGNIFICANT | CONDITIONS CONT | RIBUTING TO E | DEATH BUT I | NOT RELATED | TO THE TERM | NINAL DISEASE OR CON | DITION GIVE | N IN PART 10 | |
| AL RECORDS | he low on. | iene prio | CERTIFICATION | 19a DATE OF OPERATION | 196. CONDITION | N FOR WHICH | OPERATION | WAS PERFO | DRMED | YES NO X | 20b. IF YES, IN CERTIFY YES | WERE FINDING | GS USED OF DEATH? |
| OF VIT | ICIAN: 1 9 physic ertificate | Mentol Hygre or Item 18 sha | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | ATH HOUR A.M. | JURY MONTH DA | Y YEAR | 21c. HOW IN | JURY OCCUR | RED (ENTER NATURE OF INJUI | Y IN ITEM 18, PA | RT 1 OR PART 2) | |
| DIVISION OF VITAL | G PHYS ottending her this of | rked or H | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF II | | | 211 LOCATE STREE | | CITY OR TO | WN | COUNTY | STATE |
| 0 | ATTENDIN spitol or CTOR: Af | of Health | | 22a.1 certify that (I) (this hasp sow the deceased alive an above, (I) (we) (did) (did no | tal) oftended the de 10-08- t) view the body ofte | 86 19 | 9 - 2 | | 19 86 (<u>our)</u> opinion | , to | te and hour | 9_86_, the | not (I) (we) lost ouses stoted |
| | the ho | ote Dept. | | 22b. SIGNATURE | 9 | Kauff | | EGREE MD | ATTENDING | MEDICAL STAF | F | 22c. DATES | -08-86 |
| | HOSPITAL ned by t | MPORTANT | | L. KAUFFMAN 22d. PHYSICIAN'S NAME (TYPE C | OR PRINT) | 10 | | 22e ADDRES | SS | DIRECTOR PHYSIC | | | |
| | etour TO H | W P W | | L.KAUFFMAN | | | | | | ARLES ST, 1 | UWSON | N, MD. 2 | 1204 |
| | Pro C | | 23a. I | BURIAL, CREMATION, REMOVAL | | | | | CREMATORY | 23d LOCATION CITY OR TOWN | | COUNTY | STATE |
| | BP | | | Burial | 10-11-8 | 86 Em | ory | Cemet | | Upperc | | l to | Md. |
| | DHMH - 16 (| 50M 7/84 | 24 F | UNERAL DIRECTOR | | ADDRESS | | | 25a DAT | E REC'D. BY REGISTRAR | W. WEGIS | Of State of the | RE |
| | (VRA 1: | 5, 4) | | Eline Funeral | . Home, I | Hampst | ead. | Md. | 00 | T 14 1986 | 1 | | M |

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00-22825 CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE OF DEATH MONTH DECEASED NAME (TYPE OR PRINT) FREDERIC ARNOLD RITTER OCTOBER 28,1986 & AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS 5. DATE OF BIRTH 4 RACE December 30,1932 White Male 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Maryland USA Baltimore County WIDOWED 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) 1414 W. Joppa Rd. Towson University 130 STREET ADDRESS / ZIP CODE 1414 W. Joppa Rd. Maryland Baltimore Towson 21204 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME Clare Tawney Ritter George 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. YES NO OR UNKNOWN 216-28-1805 C. Ann Ritter Same 18 CAUSE OF DEATH (Enter only one couse per line by (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20g AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED NO F 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HE EITHER NOTHEY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) C) or 19 Ses that (It (was) lost 22a I certify that (1) (this bospital) attended the deceased fram_ , and that in (aur) apinian death accurred on the date and hour and from the causes stated DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS Edwin J. Berstock, M.D. 302 E. 33rd. St. Baltimore, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL CREMATION, REMOVAL 23b. DATE Cremation Oct. 29.1986 Greenmount Baltimore City, Maryland 6500 York Rd. 250 DATE RECD. BY REGISTRAR ES REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 1986 July Davidson Jandalle Mitchell-Wiedefeld Home, Inc. Balto., Md.21212 (VRA 15, 4)



| | | | OR | | | PARTA | MENT OF | HEALTH | AND MEN | ITAL HYG | IENE A | | 7 | 1 2 | |
|---------------------------|--|---------------|------------------------------------|------------------|------------------------|---------------|-----------------|-------------|-------------------------------|-------------------|----------------|------------------|-----------------|--------------------|----------------|
| 00-2 | 0512 | | STATE REGISTRAR | | MEI | DICALE | EXAMIN | ER'S C | ERTIFICA | ATE OF D | EATH | REG. N | NO. | , | |
| ~ C. | 0012 | I. DEC | EASED NAME | FIRST | | MIDDLE | | | LAST | 34. | 20. DATI | KNOWN | X MONTH | DAY YEA | AR 26 HOUR |
| | ₩~.68E | (TYPI | OR PRINT) | Betty | | Mae | | | Robinsc | n n | OF DEAT | ESTI- H MATED | □ 10· | -7 19 8 | 6 |
| | RECTOR. RECTOR. R FILES. HOURS | 3 SEX | 4 RAC | | 5 DATE OF BIRTH | | 6. AGE (IN YE | | IDER I YR. IF | | | | MONTH | | AR 2d HOUR |
| | AECESSARY, PLONERAL DIRECTOR INTERIOR PRESSON STILL | Fe | male Wh | nite | 10 20 | 33 | 53 Y | RS. | | OURS MIN | | UNCED | 10- | -7 ₁₉ 8 | 3.30 |
| | A A A A A | 70 BI | THPLACE (STATE OR | | 76 CITIZEN OF WH | AT COUN | | 10 | ED NEVER | D A4 A DD IED | 9 BALT | MORE CITY | OR COUNT | | |
| | SE SE SINO | FO | Maryland | | USA | | | WIDOW | | DIVORCED | | timore | Count | TV. | AAD |
| | A SE | | Y OR TOWN OF DEA | ATH | 11 NAME OF HOS | PITAL, NUF | SING HOME | | | ON 120 | USUAL OCC | UPATION (T | YPE OF WORK | 12b. KIND OF | BUSINESS |
| | > E S E S C |) , | lowson | | Burke A | | | ter s | treet | 1 | roduc | corking (IFE) | | Allied | Corp. |
| -1 | STEED - | USUA | L RESIDENCE (IF IN NU | RSING HOME OR | | E RESIDENCE | BEFORE ADMISSI | | | | | | | | |
| 2120 | 多數學 | _ | aryland | 13b. COUNT | Uto | Park | ville | | | NO D | | ress Yakona | Road | 21234 | 1 |
| W. | 511111111111111111111111111111111111111 | 14. FA | Samuel | 1 | MIDDLE | Dic | ketts | | 15. MOTHER'S FIRST Emil | | | MIDDLE H. | T | Ecker | -w- |
| 80 | B8848 | 140. \6 | AS DECEASED EVER | 1 | ED FORCES? | | IAL SECURIT | Y NO | 17. INFORMAL | | | | | | ison Rd. |
| ALTIM | NE PLANE PLA | (YI | NO NO | (IF YES, GIVE W | | | -30-57 | | Mr. Ha | | Robin | | | | 1212 |
| 2 | S E S S S S S S S S S S S S S S S S S S | | 18 CAUSE OF DEAT | H (Enter only | one couse per line | for (o), (b) | ond (c).) | | | | | | | APPROXIM | MATE INTERVAL |
| TS N | NA N | | PART I DEATH W | AS CAUSED | BY: CAUSE (o) Cra | anio-(| Cerebra | al Ir | juries | | | | | BEIWEENO | NSET AND DEATH |
| 101 | A HORES | 7 | 8/21 |) WILLIAM | DUE TO, OR | | | | | | | | | | |
| 100 | 日本 第一日 日本 | - | Conditions, if a | | (6) | | | | | | | | | | |
| W. | NAME OF STREET | -7 | couse (a) stating | the under- | DUE TO, OR | AS A CON | SEQUENCE | OF | D. O. | | | | | | |
| 50 | ENSKE N | | lying couse lost. | | (c) | | | | | | | | | | |
| 90 | BAREAGE FERRE | | PART 2 OTNER SIGNIFICAN | T CONDITIONS C | ONTRIBUTING TO GEATH I | BUT NOT RELA | TEO TO THE TERM | INAL OISEAS | OR CONDITION GI | IVEN IN PART 1 (c | | | | | |
| 8 | ZEN | 20 | | | | | | | | | | | | | |
| DIVISION OF VITAL RECORDS | 日本ではまって | CERTIFICATION | 190. DATE OF OPERA | NOITA | 19b. CONDIT | ION FOR V | WHICH OPER | ATION W | AS PERFORME | D? | | | | 20 AUTOP | SY? |
| TA | CERTIFICATE SHOULD TINGS THE WORD "PR SET TO THE CHIEF A SPACHULD BE USED DEPARTMENT OF HE I PRIÇET TO BURRAL. | Ħ | | | | | | | | | | | | YES X | X NO [|
| 2 | WANTED TO THE PARTY OF THE PART | - E | 210. EXTERNAL CAU | | 216 TIME OF HOUR XX | INJURY | DAY VEA | 21c_HC | OW INJURY O | CCURRED (E | NTER NATURE OF | INJURY IN ITEM 1 | 8 PART I OR PAR | | |
| × | SHOULD PASTINE | 1 | UNDERLYING CONTRIBUTING | OR CAUSE OF D | EATH 2: 40PM | 10- | 7 10 8 | 6 dr | iver in | auto | auto: | impact | | | |
| 185 | PERSON | MEDICAL | 214 INTERY OCCUR | RED | 21e PLACE C | OF INJURY | (AT HOME, | 211 LO | CATION | | | | | | |
| ě | Z S S S S S S S S S S S S S S S S S S S | -2 | WHILE NOT AT W | WHILE X | | ORY, FARM, ET | C.) | | rke Ave | 2 2 0 | enter | | COU | | .Co.,Md |
| | TANA SE | | | | | | 1 11 | Autop | | - |], Inqui | | | | .co.,ra |
| . y. | EXAMINER GETTHCATE JUD BE FOR WITH THE WARCAND | | | | of the remains des | 11 1 | | | - | | | | ond in my op | inion | |
| - | WEMMED | | death resulted from | n: Noture | ol couses | Accident 2 | NAJ Su | icide | , Homicide | . [], U | ndetermined | manner [] | | | |
| • | 製品書 | - | ACTUAL A | 10 111 | 40/8 | Shin | non. | SULI | Assist | tant | | | DATE | 10-8 | -86 |
| | MERAL MORE, A | | SIGNATURE / LX | 0-0 | | | 11.01. | - 4/4 | 400010 | CCITC | MEDICALEX | AMINER | SIGNE | 10 0 | 00 |
| | 書口※写版 は | | EXAMINER'S NAME (TYPE OR PRINT) | Denn | is F. Smy | th, 1 | A.D. | 5 | ADDRESS_1 | ll Pen | n St., | Balto | ., Md | . 212 | 01 |
| | 588588 | 23 a. B | JRIAL, CREMATION, R | | | 23c. N | IAME OF CE | METERY O | R CREMATORY | Y 23 | d LOCATION | | COUN | | CYATE |
| 07/84 | BP | (5 | BURIAL | | 10/10/86 | Du | laney | Vall | ey Mem. | Gdns | TOWS | on | COUN | Mary | yland |
| 25M | DHMH - 17 | | INERAL DIRECTOR | | ADDRESS | | | | 250. | DATE REC'I | D. BY REGIST | RAP 256 REC | SISTRAR'S S | GNATURE | E . |
| | (VR A15 ME (5)) | A. | Alan Sei | tzTr | | land | Avre | 21211 | | 00 | 1986 | Trans. | evident- | W. San | |
| | | | | UL | 1 2010 110 | Land | | | | | | | | | |

(menusion)

200000000

1 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6

2712

| REGISTI | KAK | | | | TARLE OF BEATH | REG. NO | ٥. | | |
|-----------------|----------------------|-------------------------------|---------------------------|------------|------------------------------|------------------------------|-----------------|--------------------------|-----------------|
| 1. DECEASED N | NAME FIRS | f | MIDDLE | U | AST | 20 DATE OF DEATH | MONTH DAY | YEAR | 26 HOUR |
| 117(4.54).4(4.) | TA | MES | R | OB | INSON | | 10 02 | 86 | 19.30 M |
| 3: 5EX | | 1 RACE | 12 5 | DATE O | | 6 AGE (IN YEARS LAST BIR | THDAY) IF U | UNDER 1 YEAR | IF UNDER 24 HRS |
| Male | | Bla | CR | MONTH | -01 - 00 | 36 | YRS | DA13 | MIN, |
| TE BIRTHPLACE | E (STATE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | AA A DOJEC | NEVER MARRIED | BALTIMORE CITY Q | R COUNTY OF | DEATH | |
| Maryl | and | u. | S. A . | VIDOWE | DIVORCED | Baltimore | County | 100 | MD |
| LE CITY OR TO | WN OF DEATH | | HOSPITAL, NURSING | | ROTHER INSTITUTION | 120. USUAL OCCUPATE | ON | 12b. KIND OF INDUSTRY | BUSINESS OR |
| Randa | Listown | (17 NOT IN 500 | BC.G.F | 1 | | Gardener | P WORKING (IPE) | Domes | tic |
| CINUAL RESIDE | | ME OR OTHER INSTITUTION | E RESIDENCE BEFORE AD | MISSION) | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS | 719 CODE | | |
| M.0 | 1 6 | offene | Baltimore | | YES NO | 4800 | seta | Dr - | 21215 |
| FATHER'S N | IAME | MIDDLE | LAST | | 15 MOTHER'S MAIDEN NAM | ME MIDDLE | | LAST | |
| Unknow | n | MIDDEL | that | 201 | Unknown | MIDDLE | | LASI | |
| WAS DECE | ASED EVER IN U.S | S. ARMED FORCES? | 166 SOCIAL SECURIT | ONY | 17 INFORMANT | ADDRE | SS | | |
| No | N, | GIVE WAR OR DATES) | 219-30-71 | 17 | Louis Eliasb | erg, Jr. Ba | ronet I | Road. | 21117 |
| | | | line for (a), (b), and (c | club | | | | APPROXIM BETWEEN O | MATE INTERVAL |
| PART | I. DEATH WAS CA | AUSED BY: EDIATE CAUSE (a) | 0 | D. | A. | | | 11 | Hays |
| | 17417416 | | R AS A CONSEQUENCE | CE OF | | | | | 1 |
| Condition | ons, if ony, whic | | K AS A CONSEQUENT | CEOF | | | 11-5-13 | | // |
| gave i | rise to immediat | te) | | | | | | | 4 |
| | (a), stating the | | R AS A CONSEQUENC | CE OF | | | | | |
| DART 2 | OTHER SIGNIEIC | (6) | ONTRIBUTING TO DE | ATL DIT | NOT RELATED TO THE TERM | IN AL DISEASE OF CONT | DITION CIVEN | IN L D A D Z 3 | |
| | OTHER SIGNIFICA | ANT COMBINONS CO | DINTRIBUTING TO DE | MIN BUI | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVEN | IN PART IIG | |
| 190 DATE | OF OPERATION | 19b COND | ITION FOR WHICH OF | PERATION | N WAS PERFORMED | 20a AUTOPSY? | 20b. IF YES, W | VERE FINDIN | GS USED |
| H. | | - 1 | | | | VES NO | IN CERTIFYIN | IG CAUSES | OF DEATH? |
| 210. ACC | DENT WAS UNDERLYIN | G 21b. TIME O | FINJURY | | 21c. HOW INJURY OCCURR | | | LORPART 21 | 140 |
| OPCONT | RIBUTING CAUSE | | | | | | | | |
| 200 | R NOTIFY MEDICAL EXA | 21e. PLACE | | 19 | 211 LOCATION | | | | |
| AAGUILE | NOT WHILE | | REET FACTORY, OFFICE FARM | A, ETC) | STREET | CITY OR TO | WN | COUNTY | STATE |
| AT WORK | AT WORK | hospital) attended th | a decayed from | 9 | 127 1086 | 10/2 | 10 | 86 | |
| | the deceased alix | 10.1 | | 6 . 00 | d that in () (our) opinian o | leath accurred on the do | ate and hour or | nd from the co | hot (we) lost |
| 22b. SIGI | | hoot) view the body | after death | | DEGREE | | | 22c. DATES | |
| | land | - | 1 X | | ATTENDING | MEDICAL STAF | | 10/2 | 15 |
| 22d, PHV | SIGRAMS NAME I | ror Carlinon | . 10 | | PHYSICIAN [| DIRECTOR PHYSIC | IAN | 1 | 100 |
| 1 | 1/201 | ///- | 0 4 | | R | 0 6 | 2 12 | , | |
| - 6 | y 0/0 | 77 1. | 10 14 | ·U | ,0 | 9 | , 4 | | |
| Crema | REMATION, REMO | 236 DATE | | | EMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | | OUNTY | STATE |
| | - year fa | | Wes | tvie | w Memorial Pk | | le, Bal | timor | e Co. M |
| 24 FUNERAL D | IRECTOR | | | | 250 DATE | REC'D. BY REGISTRAR | 25b. REGISTRAF | R'S SIGNATU | RE |

JAMES N. KOTSIS F.H., 6411 Windsor Mill Road

DHMH - 16 60M 7/84 (VRA 15, 4)

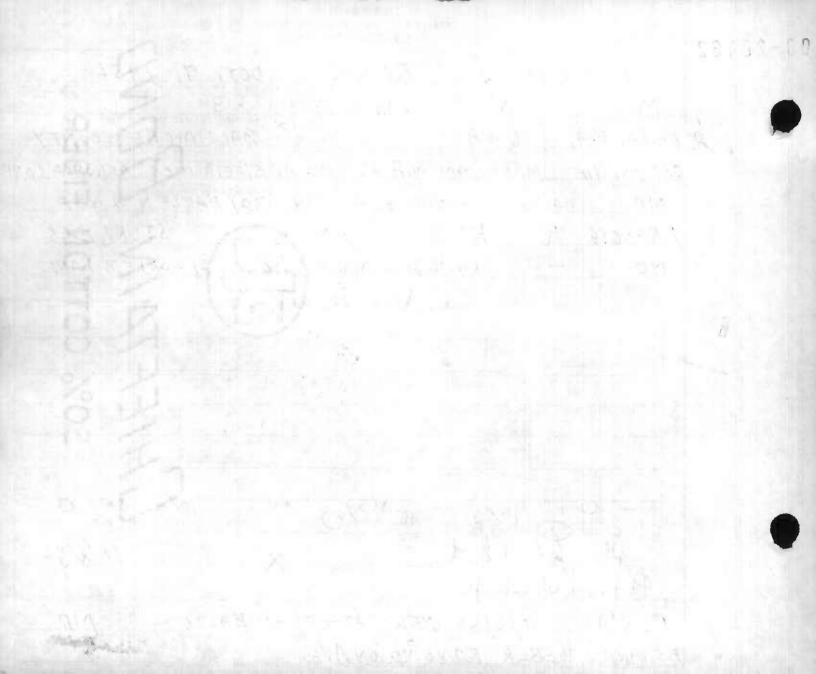
bnafria . State of the second 2 (20, 4) (20) Baltifurd x venturing with the AA 214-30- III Johns II. Mandry, Ut, Haronet Foad, Miller

COLUMN

DATE H. MOTSES F. M., 6011 mindson Mil Pors Date:

Terbylam Lonorial In C. Denville, Baltiques Lo, Md.

| | | FOR | DEPA | STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL | HYGIENE A 6 | 27/2 |
|------------------------------|---------------|---|--|---|-------------------------------|--|
| 01.02 | 1 - | STATE REGISTRAR | Second Pro- | CERTIFICATE OF DEATH | REG. NO | 0 |
| . 0402 | | EASED NAME FIRST | MIDDLE | LAST | | MONTH DAY YEAR 26 HOUR |
| 2.5 | ,,,,, | FKANC | 15 | KOSE | OCT, 7 | 1986 |
| A 1 | 1.5E) | ha | 4. RACE | 5. DATE OF BIRTH MONTH DAY YEAR | 6 AGE (IN YEARS LAST BIR | THOAY) IF UNDER TYEAR IF UNDER 2 MONTHS DATS HOURS |
| 11/ | V-C No | (*) | W | JAN 3 1903 | 83 | YRS PRICOUNTY OF DEATH |
| 136 | P | THPLACE ISTATE OR FOREIGN | 76 CITIZEN OF WHAT COUNT | MARRIED WEVER MARRIED | BALTIN | MORE COUNT |
| 100 | 10. CI | Y OR TOWN OF DEATH | | RSING HOME OR OTHER INSTITUTION | 12a USUAL OCCUPATI | ON 126 KIND OF BUSINES |
| 190 | CA | TONSVILLE | MERIDIAN | N.H. FUSTING | AN ELECTRON | F WORKING LIFE) INDUSTRY AERONCA |
| DE | USU/ Da. 5 | RESIDENCE LA MINGHOME OR | OTHER INSTITUTION, GIVE RESIDENCE ENTY | EFORE ADMISSION) TOWN 13d. INSIDE CITY LIMIT | | 111111 |
| 122 | | MD BAL | TO CATON | SVIJE YES NO NO | 321 HAR | LEM LANE |
| 12 | 75 | HER'S NAME FIRST | MIDDLE DA LAST | IS MOTHER'S MAIDEN | NAME | CTT 10 PLAST |
| 1/320 | 1 | KANCIS I | Kas | A Y Y Y | ADDRE | 210KGE.55 |
| oges oges | 16a V | AS DECEASED EVER IN U.S. AR | (E WAR OR DATES) | SECURITY NO. 17 INFORMANT | 77 | HARLEM LAND |
| he m | | | 1717 | o SUSBITINARY C | KOSE 371 | APPROXIMATE INTERV BETWEEN ONSET AND G |
| 0.0 | | 18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE | D BY: | , and c; | + | BETWEEN ONSET AND O |
| 1 | | IMMEDIA | TE CAUSE (a) | TOURNET OF | - | |
| PI | | Canditions, if any, which | DUE TO, OR AS A CONSI | EQUENCE OF | | THE STATE OF |
| | | gave rise to immediate cause (a), stating the | DUE TO, OR AS A CONSI | EQUENCE OF | | |
| - | 24 | underlying cause last. | (c) | Leas - | V | |
| and an | z | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING | TO DEATH BUT NOT RELATED TO THE | TERMINAL DISEASE OR CON | DITION GIVEN IN PART 11a |
| 10 17 | CERTIFICATION | 190 DATE OF OPERATION | 196. CONDITION FOR WE | HICH OPERATION WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WERE FINDINGS USED |
| 114 | IFIC | | | | YES T NOT | IN CERTIFYING CAUSES OF DEATH |
| 17 6 17 | CER | 210. ACCIDENT WAS UNDERLYING | | | CURRED (ENTER NATURE OF INJUI | |
| 119 | CAL | OR CONTRIBUTING CAUSE OF DEA | NIA . | 19 | | |
| 7 8 | MEDICAL | 21d. INJURY OCCURRED | 21e PLACE OF INJURY | 211 LOCATION STREET | CITY OR TO | WN COUNTY 51 |
| or to | - | AT WORK AT WORK | | | | |
| 0 6 | | 22a. I certify that (f) this haspi | ital) attended the deceased fr | 20 | 80 to 10 | 0/6, 19.86, tha (1) (w |
| | | obove (f) we rold (old to | t new the Body Atter death. | | nian death occurred an the de | ate and hour and from the causes stat |
| 200 | | 225 SHOPPING UNT | 11.112 | DEGREE | IG _ MEDICAL _ STAI | FE 220 DATE SIGNED |
| Dept of Dept of New 21 | | (1) | L. J. I V1 | | | |
| Store Dept. of | | THE PHYSICIAN'S NAME (Lype C | WI White | PHYSICIA | DIRECTOR PHYSIC | IAN 0 10/8/0 |
| Store 4 | | 270 SHYSICIAN'S NAME TYPE C | (R PRINT) | PHYSICIA 27e ADDRESS | DIRECTOR PHYSIC | IAN [] 1/0/8/0 |
| Stone A | 770 0 | Patrick u | 1. White | PHYSICIA 22e ADDRESS | | ian 10/8/0 |
| 1 S S S S | 23a B | 270 SHYSICIAN'S NAME (149E C | 1. White | PHYSICIA | | COUMY MD ST |
| Shorte day | 1 | Patrick u | 1. White | 270 ADDRESS 270 ADDRESS 271 NAME OF CEMETERY OR CREMATO | DRY 23d LOCATION BALTO | IAN |



FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

| 2 | / | 1 | l. | C |
|----|---|---|----|---|
| ** | | | | |

| - 1 | | | | | | | | |
|-----|---|---|-----------|--------------------------|-----------------------------|-------------------|--------------------|-----------------------------------|
| - 1 | I. DECEASED NAME FIRST | WIDDLE | | AST | 20 DATE OF DEATH | MONTH DA | AY YEAR | 26 HOUR |
| | LESLIE | ALVIN | ROYA | ALE . | OCTOBER 30 | , 1986 | | 12:55Pm |
| 1 | 3 SEX 4 | RACE | 5. DATE C | F BIRTH | 6 AGE (IN YEARS LAST BIR | | IF UNDER 1 YEAR | IF UNDER 24 HRS |
| | MALE | BLACK | 05° | 07 1916 AR | 70 | YRS | ONINS DAYS | HOURS MIN. |
| 0 | To. BIRTHPLACE (STATE OR FOREIGN Th | CITIZEN OF WHAT COUNTRY? | 8 | YY F | 9 BALTIMORE CITY | | OF DEATH | |
| 2 | Ohio | U.S.A. | MARRIE | XX NEVER MARRIED | BALTIMORE | COUNT | Y | MD. |
| 7 | |). NAME OF HOSPITAL, NURSING | | | 120 USUAL OCCUPAT | ION | 12b. KIND O | F BUSINESS OR |
| 1 | FORT HOWARD | V.A.M.C., FORT | IOWARI | O, MARYLAND | Area Admini | strato | | State of Laryland |
| Ź | USUAL RESIDENCE (IF NURSING HOME OF OT 138 STATE N36 COUNT) | | | 113d INSIDE CITY LIMITS? | 13 SIREE ADDRESS 7324 EDEN | ZIP CODEA | pt. 11 | 11 |
| 2 | MARYLAND Howa | ard COLUMBIA | | YES NO X | 7324 EDEN | BROOK | DRIVE | 21046 |
| 2 | FATHER'S NAME | IDDLE LAST | | 15 MOTHER'S MAIDEN N | | | | |
| 1 | Edward | Rovale | | Mattie | MIDDLE | | Bur | |
| 5 | IN WIS DECEASED EVER IN U.S. ARMI | | RITY NO. | 17 INFORMANT | ADDR | ESS | | |
| 4 | NO OR UNKNOWN) (IF YES, GIVE Y | Z78 09 34 | 164 | Teresa Roy | ale Same | e as # | 13 . | |
| | | ane cause per line far (a), (b), and | dict | | | | APPROXI BETWEEN | IMATE INTERVAL ONSET AND DEATH |
| | PART I DEATH WAS CAUSED IMMEDIATE | CAUSE (a) ACUTE MYOC | CARDIA | AL INFARCTION | V | | | Chr. Ka |
| | | DUE TO, OR AS A CONSEQUE | | | | | | |
| 4 | Conditions, if any, which | (ARTERIOSCI | LEROT: | C CARDIOVAS | CULAR DISEAS | E | | |
| | gave rise to immediate couse (a), stating the | DUE TO, OR AS A CONSEQUE | NCE OF | | | | | |
| | underlying cause last | (c) | | | | | | |
| | PART 2 OTHER SIGNIFICANT CO | ONDITIONS CONTRIBUTING TO D | EATH BUT | NOT RELATED TO THE TER | RMINAL DISEASE OR CON | DITION GIVE | N IN PART 1 | a |
| _ | OLD CVA. BI | RONCHOPNEUMONIA | | | | | | |
| 1 | N 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | 20b. IF YES, | WERE FINDIN | 4GS USED |
| | | | | | YES . NO | YES | | NO [|
| 1 | | 21b. TIME OF INJURY HOUR A.M. MONTH DA | Y YEAR | 21c HOW INJURY OCCU | JRRED (ENTER NATURE OF INJU | RY IN ITEM 18 PAI | RT 1 OR PART 2) | |
| | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED | P.M. | TEAR | | | | | |
| | 2 Id INJURY OCCURRED | 21e PLACE OF INJURY | | 2 If LOCATION | | THE RESERVE | | |

FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

22d PHYSICIAN'S NAME (14PE OR PRINT) PETER JUVAN, M.D. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE

(SPECIFY)

Burial

NOT WHILE

saw the deceased alive on OCTORER 30

220 | certify that |1) (this hospital) attended the deceased from OCTOBER

wan

11/3/86

22e ADDRESS

DEGREE

21052 V.A.M.C., FORT HOWARD, MARYLAND

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

OCTOBER 30

and that in (my) (our) opinion death accurred on the date and haur and from the causes stated

23c. NAME OF CEMETERY OR CREMATORY

。84

ATTENDING

Mary land

22t. DATE SIGNED

1086

Garrison Forest Veterans Owings Mills DATE RECED BY REGISTRAR 250 REGISTRAR'S SIGNATURE TA FUNERAL DIRECTOR Russell C. Witzke uneral Homes P.A 5555 Twin Knolls Road, Columbia, MD. 21045



| | 1 | | | STAT | E OF MARYLAND | The second | 49 =0 5 | 13 1 |
|--|---------------|--|--|---------------------|--|----------------------------|--|----------------------------------|
| 00 21010 | 1 | FOR STATE REGISTRAR | DE | | EALTH AND MENTAL HY | 0 0 | 2// | 6- 1 |
| 00-21910 | | | | | | REG. NO | | |
| noy be poge 3 | I. DE | CEASED NAME FIRST EOR PRINT! ESTI | ER D. | Rui | DO/PH | 20. DATE OF DEATH | MONTH DAY YEAR | 6A M |
| you od a | 3. SE | x | 4. RACE | 5. DATE C | OF BIRTH | 6. AGE (IN YEARS LAST BIR | | IF UNDER 24 HRS |
| oge 4 7 | 1 | F | W | | 2- 1899 | 87 | YRS. | HOURS MIN. |
| a 52/8/1 | 1 | IRTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT COU | NTRY? 8 | NEVER MARRIED | 9 BALTIMORE CITY O | R COUNTY OF DEATH | 11 10 |
| deoth | 性 | INNSYLVANIA | U.S.A. | WIDOWE | | TOW | SOMBA | MD. |
| 11 E E M | 100 | | (IF NOT IN SUCH FACILITY, GIV | | OK OTHER INSTITUTION | TYPE OF WORK FOR MOST O | | OF BUSINESS OR |
| 1201 0 ours o | | BALTO | DULAN | EY 7 | owson | HOMEMA | KER HOR | ne |
| 212 pon | #5U | AL RESIDENCE (IF NUITSING HOME O | ROTHER INSTITUTION, GIVE RESIDENCE NTY 13(. CITY O | E BEFORE ADMISSION) | 13d INSIDE CITY LIMITS? | La CEDEET ADDOCCE | 710 0000 2 | 1218 |
| ND 24 | 7 | Ma. | The second secon | LTO. | YES X NO | 3935 L | All CODE | VE. |
| TIA THIN | 14. F | ATHER'S NAME | | | 15 MOTHER'S MAIDEN NA | | | |
| MAR. | 1 | CHARLES | | Υ | MARY C | . HAUSSE | | |
| ORE. | 160 | WAS DECEASED EVER IN U.S. AF | RMED FORCES? 166 SOCIA | L SECURITY NO. | 17. INFORMANT | O O ADDRE | | 21093 |
| BALTIMORE, DE COLOR D | | No - | 216- | 30-6155 | Mr. Harry R. | Kudolph - 2 | 19 Quaker 1 | Ridge Rd. |
| A A | | 18 CAUSE OF DEATH Enter o | nly one couse per line for (o). | (b), and (c).) | | ^ | APPROX | MATE INTERVAL ONSET AND DEATH |
| A MANT | 100 | PART I. DEATH WAS CAUSI | D BY: | olinni | oche va lova | annil | | ONACT AND DEATH |
| 5 (6 6 6) | | IMMEDIA | TE CAUSE (o) | CEALLO | MINGANINO | CAPEN | | |
| PRESTON ST., he day carrie enough arborb motitari arborb ur froumdik eve | | | DUE TO, OR AS A CON | ISEQUENCE OF | -0 0 | | | |
| de de | | Conditions, if ony, which gove rise to immediate | (b) | deal | darrens | | | |
| ¥ 5 5 5 4 | | cause (a), stating the underlying cause last | DUE TO, OR AS A CON | ISEQUENCE OF | | | | |
| 201 ned th plea vriol, | | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBUTION | G TO DEATH BUT | NOT RELATED TO THE TERM | AIN AL DISEASE OR CON | OITION GIVEN IN PART 14 | |
| quir quir sig hen to b | Z | | 6. 6 | lood. | The state of the season | THE PIOCHOL ON COME | 711011 011211 1117 71111 111 | |
| COperior and Coperior | CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITION FOR V | a contract | N WAS PERFORMED | 20a AUTOPSY? | 20b. IF YES, WERE FINDIN | NGS LISED |
| REC low sermine prin | FI | The orthographic of the orthographic orthogr | | | THE PERIOD ON THE PERIOD OF TH | 4 47 6 35 56. | IN CERTIFYING CAUSES | OF DEATH? |
| ALI The Cion. | Ē | | | | | YES NO | YES [| но 🗌 |
| JOF VITA SICIAN: T ing physici ocertificate riol-transi | Ü | 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE | 216. TIME OF INJURY HOUR A.M. MONT | H DAY YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJUR | Y IN ITEM 18 PART T OR PART 2) | |
| OF ICIA | 13 | (IF EITHER NOTIFY MEDICAL EXAMINE | ~ | 19 | | | | |
| ding ding | MEDICAL | 21d INJURY OCCURRED | 21e. PLACE OF INJURY | | 211 LOCATION | | The second secon | |
| DIVISION OF VITAL RECORDS, DING PHYSICIAN: The low requir or offending physicion. After this certificate has been sig e as the buriol-transit permit. Then olth and Mental Hygiene prior to b marked. | M. | WHILE NOT WHILE AT WORK | (AT HOME, STREET, FACTORY, | OFFICE, FARM, ETC) | STREET | CITY OR TO | NN COUNTY | STATE |
| Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z | | 22a I certify that (I) (this hosp | ital) attended the deceased | from | . 19_ | j 10 10 1 | 7. 19 66. | that (1) (ve) last |
| TITE Pprito for respective | 1 | saw the deceased alive or | ot) view the body ofter death. | _19, or | nd that in (my) (our) opinion | death accurred on the do | | causes stated |
| OR A Post of the Post of them | | 22b. SIGNATURE | off-view the body offer death. | | DEGREE | | 22c. DATE | SIGNED |
| | | 8 410000 | (7) | | ATTENDING | MEDICAL _ STAF | F 10. | 17.86 |
| HOSPITAL med by th FUNERAL old be dete | 1 | Milles | The state of the s | | | DIRECTOR PHYSIC | IAN 10 | 1106 |
| A Pe Se Ped Ped Ped Ped Ped Ped Ped Ped Ped Pe | 1 | 22d. PHYSICIAN'S NAME ITYPE | and the same of th | | 22e. ADDRESS Such | 2207 | 00 0 | |
| 0 0 0 + 0 | | S. Kul | ATIGUNGA | MY | Good Sa | ru. List. | Blog. | |
| 5 5 5 \$ 3 \$ 1 | | BURIAL, CREMATION, REMOVAL | 23b. DATE | 231. NAME OF C | EMETERY OR CREMATORY | 23d. LOCATION | | |
| BP | | BURIAL | 10-20-96 | DUNNST | OWN CEM. | DUNN STON | IN-CLINTONC | PA. |
| | 24 4 | UNERAL DIRECTOR | | | | | 75b. REGISTRAR'S SIGNAT | |
| DHMH - 16 50M 4/83 (VRA 15, 4) | 1/ | ALLESSE A | - 7527 M | DRESS | A Committee of the Comm | T 2 1 1986 | | The state of |

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| | | | | | FOR | | | DEI | SARTMENT | | MARYLAN | | IENE 8 | 6 | 9 | 7 / | 2 8 |
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| 0 - | 22 | 06 | 2 | 1- | STATE REGISTRAR | | | DE | | | TE OF DE | | itint 0 | REG. NO | lies | | 20 18 |
| | | | | | CEASED NAME | FIRST | | MIDDLE | | LAST | | | 20 DATE OF | DEATH " | ONTH DA | Y YEAR | 26 HOUR |
| | D. | 200 | 2 | LITPE | OR PRINT) | CALVIN | M | etz | | RUNKLE | | | 15% | 10 |) 22 | 186 | 8:50 A M |
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| | ge 4 | ecto rs of | 11 | М | ale | | White | | | pt. | 24 | 1908 | 78 | | YRS. | NIHS DAYS | HOURS MIN. |
| | . Page | han | 26 | | RTHPLACE (STATE OF F | OREIGN | Th CITIZEN OF | WHAT COU | VTRY? 8 | DOUED FO | NEVER MA | DDIED [] | 9 BALTIMOR | E CITY OR | COUNTYC | FDEATH | |
| | death. | nero in 72 | | | nnsylvania | 924 | USA | | | OWED [| | RCED | BALTIM | ORE CO | OUNTY, | | MD. |
| | ter o | with | P-/ | | TY OR TOWN OF DEA | TH | 11. NAME OF | | | | | JTION | 12a USUAL C | | | 12b. KIND C | OF BUSINESS OR |
| 101 | - S | by t | 36 | | TOWSON | | GREATER | BALTIM | DRE MEDI | CAL CI | ENTER | | Sales | | | Foo | bd |
| 212 | hac | be be | ag Just | .USU. 13a. S | AL RESIDENCE (IF NURS | NG HOME OR | OTHER INSTITUTION | 134. CITY OF | | | INSIDE CITY | LIAAITS 2 | | PARTY IN | 7IP CODE | | |
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| ORE, | Kecut | nd co | Jicol J | | VAS DECEASED EVER | | MED FORCES? | 1 | SECURITY N | | NFORMANT | | | ADDRES | S | | 21093 |
| BALTIMORE, | 9 | - Pag- | Bed | 4 | Yes | | II | 164 | 09 433 | 8 M | ildred | I C. R | unkle, | 11726 | Mays | Chap | el Rd., |
| SALT | ote . | mers pers | the the | | 18 CAUSE OF DEAT | 1 (Enter onl | y one couse per | | | | | | | | | BETWEEN | ONSET AND DEATH |
| ST., I | othe | ang of | 1 | | PART I. DE ATH W | | BY: E CAUSE (0) | RES | PIRATOR | Y ARRE | ST | | | | | | |
| N | 90 4 | o de | of A | | | | | RASACON | SEOUENCE (|) F | 775.5 | | | | | | |
| PRESTON | 1 1 | TIN | E . | | Conditions, if any, | which | (b)_ | | 010011101 | | | | | | | | |
| | 1 | 100 | 4 | | gave rise to imm cause (a), statin | | DUETO | RAS A CON | SEQUENCE |) F | | | | Y/15 | | | |
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| 19, 201 | Marin | d de de | 0.4 | z | PART 2 OTHER SIGN | IFICANT C | ONDITIONS C | ONTRIBUTIN | G TO DEATH | BUT NOT | RELATED TO | THE TERM | INAL DISEASE | OR COND | ITION GIVEN | IN PART 1 | a |
| ORG | 160 | 1.0 | 1 | CERTIFICATION | 190 DATE OF OPERAT | ION | TION COND | ITION FOR W | VHICH OPER | ATIONI W/ | S DE DE O DA | 150 | 120a AUTO | DEV2 | 20b. IF YES, | WEDE EINIDI | NGSUSED |
| REC | 9 | 9 4 4 | 2 | FIC. | 198 DATE OF OPERAT | 1014 | 196. COND | IIION FOR V | VHICH OPER | 411014 447 | 43 PERFORM | VED. | | | IN CERTIFY! | NG CAUSES | OF DEATH? |
| TAL | The | 100 | 绘 | ERT | 21g. ACCIDENT WAS UND | FRI VING | 21b. TIME C | E INTITIPY | | 214 | HOW INITE | DV OCCUPE | YES TED (ENTERNAT | NOK | YES | | NO 🗌 |
| > | Phys | is certificate burial-tran Mental Hym | 2 | | OR CONTRIBUTING | | | | H DAY Y | AR | 110 44 11430 | KI OCCOK | ED LENTER NAT | URE OF INJURY | IN ITEM IS PAR | T 1 OR PART 2) | |
| Z | SIC | verio | Je le | WEDICAL | 216. INJURY OCCUR | | | M. OF INJURY | | 19 | LOCATION | | | | - | | |
| DIVISION OF VITAL RECORDS, | G PHY affendi | C 700 | kedor | ME | WHILE NOT WH | LE 🖂 | | | OFFICE, FARM, ETC | | STREET | | | CITY OR TOW | N | COUNTY | STATE |
| ۵ | O o | Se o | Ē | | 22a.1 certify that (1) | | al) attended th | e deceased | from | 10/5 | | 19 86 | , ta | 10/22 | | 86 | that { (we) last |
| | ATTEN | for of H | 21 is | | saw the decease abave, (I) (we) (a | d olive on | 10/22 | ofter death | 1986 | , and the | t in (my) (au | r) apinian d | death accurred | on the dat | e and have a | ind from the | causes stated |
| | 2 4 | DIREC | E | | 226 SIGNATORE | C | view the body | offer dediti. | | DEGR | EE | 177 | | | | 22c. DATE | SIGNED |
| | AL O | et et | * | | Charle | s In | rel My | | | | | ENDING YSICIAN | MEDICAL DIRECTOR | STAFF | AN V | 10/2 | 2/86 |
| | SPIT, | FUNERA | X / | | 22d PHYSICIAN'S NA | ME (TYPE OF | PRINT | | | 22e | ADDRESS | Ole Will | Jomesione | J | | | |
| | HO | should b | MPORTAN | | CHARLE | S EMAL | A, M.D. | | | | GBMC - | 6701 | N. CHARLI | ES STRE | ET 2120 | 14 | |
| | Teto Teto | Sho of s | ₹/ | | URIAL, CREMATION, | REMOVAL | 23b. DATE | | 23c NAME | OF CEMET | ERY OR CRE | MATORY | 23d LOCAT | | | | |
| | BP | | | | Burial | 11/ | 10/25 | /86 | | | d's Ce | | Shar | nokin | | COUNTY | Pa.STATE |
| | | | 7.00 | 24 F | INERAT DIRECTOR | din | na | | | | | | REC'D. BY RE | | Sb. REGISTRA | R'S SIGNAT | TURE |
| | | 1 - 16 60M VRA 15, 4) | | Y | E. Lowell | Lemm | on. 10 | | lonia I | Rd | 21093 | 7 | זה דחר | A 490 | 5 P 4. | The Bar | |
| | | | | <u> </u> | | ~~~ | , | | | | | | 11-1-5-1 | 1 | 1 | | |

| 570 | No. | REGISTRAR | Acres de la constante de la co | CERTIFICATE OF DEATH | REG. NO. | |
|--|-----------------------|--|--|--|---|--|
| 1 74 | | CEASED NAME FIRST | WALTER TARK | RUPERT | OCTOBER 2 | |
| d special | 3. SEX | | 4 RACE | 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | |
| t ofte | J. JL/ | Male | White | April 6,1902 YEAR | 84 | MONTHS DAYS HOURS M |
| 1135 | · · | OUMAN LAND | 76 CITIZEN OF WHAT COUN | MARRIED NEVER MARRIED WIDOWED DIVORCED | Baltimore | |
| 100 | 10 CI | Ruxton | 6507 DarnaT | TURSING HOME OR OTHER INSTITUTION STREET | 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Salesman | (ING LIFE) 126. KIND OF BUSINESS G. & E. Sup |
| 1 1 3 | 13a S | RESIDENCE (IF NURSING HOME OF TATE Maryland Bal | OR OTHER INSTITUTION, GIVE RESIDENCE UNITY OF RUXT | TOWN 13d INSIDE CITY LIMITS | | CODE Rd. 21204 |
| 1030 | 14 FA | THER'S NAME Parke Walter Park R | Rupert, Sr. | 15. MOTHER'S MAIDEN | artha Lynch | LAST |
| | | VAS DECEASED EVER IN U.S. A ES NO OR UNKNOWN) (IF YES, G | IVE WAR OR DATES | SECURITY NO. 17 INFORMANT 09-8700 Jean Beatt | Rupert ADDRESS Ruppert S | ame |
| ank certificate medical physics comban pages n. or removal mark; event, in | 17.00 | IMMEDIA | only one cause per line for it a), (SED BY: ATE CAUSE (a) DUE TO, OR AS A CON | coro par. wille | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEA |
| the de the out | | Conditions, if any, which gove rise to immediate | (b) | F/24/100-023 | 2/3-6-40-7 | 7 |
| ires, that a please bernal, co | | cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT | DUE TO, OR AS A CON- | SEQUENCE OF G TO DEATH BUT NOT RELATED TO THE | terminal disease or condition | N GIVEN IN PART 100 |
| the law requires that on. The bas been signed by it perme. Then please error prior to bringly, or other | TIFICATION | underlying cause last | CONDITIONS CONTRIBUTION Au 2 d A | | 20a AUTOPSY? 20b. | IF YES, WERE FINDINGS USED |
| SACIAN. The law requires that any physician certificate has been signed by violationaris perme. Then please weeked thyperse prior to bring certificate the bring confidence of the prior to be prior to b | DICAL CERTIFICATION | PART 2 OTHER SIGNIFICANT POUR PORT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN | CONDITIONS CONTRIBUTION TIPE ON DITION FOR W TIPE OF INJURY HOUR A.M. MONTH | G TO DEATH BUT NOT RELATED TO THE ATE OF CONTROL OF CON | 200 AUTOPSY? 20b. | IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO |
| MG PRYSICIAN. The law equires that others and physician that certificate has been signed by, as the build reports perme. Then please is and Memost Hygiers prior to brond, controlled a transfer place. | MEDICAL CERTIFICATION | PART 2 OTHER SIGNIFICANT PORT 2 OTHER SIGNIFICANT PORT 2 OF OPERATION 21a, ACCIDENT WAS UNDERLYING (OR CONTRIBUTING CAUSE OF DI | CONDITIONS CONTRIBUTION CONDITIONS CONTRIBUTION 1910 ONDITION FOR W 1910 ONDITION FOR W 1910 ONDITION FOR W HOUR A.M. MONTH | G TO DEATH BUT NOT RELATED TO THE ATE OF COMMENTS OF C | 200 AUTOPSY? 20b. IN C | IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO |
| ATENDAGE PRESCIAN. The law requires that stated or otherding physician. CTOR. After this certificate has been signed by. If exists the build-monst permit Their please, of Health and Meriod Hygierie prior the brinds, or health, and Meriod Hygierie prior the brinds, or after 11 is marked as their IB shawe any injury, or arthur 121 is marked as their IB shawe any injury, or arthur 121 is marked as their IB shawe any injury, or arthur 121 is marked as their IB shawe any injury, or arthur 121 is marked as their IB shawe any injury, or arthur 121 is marked as their IB shawe and injury. | MEDICAL CERTIFICATION | PART 2 OTHER SIGNIFICANT POLICY POLI | CONDITIONS CONTRIBUTION 1910 ONDITION FOR W 1910 ONDITION FOR W 1910 PLACE OF INJURY (AT HOME, STREET, FACTORY, C | G TO DEATH BUT NOT RELATED TO THE CONTROL OF SECRET OF SECRET OF SECRET OF SECRET OF STREET OF S | 200 AUTOPSY? 20b. IN C YES NO CURRED (ENTER NATURE OF INJURY IN ITE | IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO COUNTY STAT COUNTY STAT d hour and from the causes state |
| 174, OF ATEMORIA PRINSICIAN. The law equints that it the houghtal or otherway physician. 24, DIEECTOR, After this certificate has been signed by detected for use as the build framit permit. Their please one Diec City of the plants and Membal Hygiette prior to Brinsh, con Diec Dieck, of Health and Membal Hygiette prior to Brinsh, con Dieck, if them 21 is marked as their MEMB Stownship you will be a been provided as their MEMB Stownship or other please. | MEDICAL CERTIFICATION | Underlying cause last PART 2 OTHER SIGNIFICANT POLICY POLIC | CONDITIONS CONTRIBUTION 1980 ONDITION FOR W 1980 ONDITION FOR W 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C | G TO DEATH BUT NOT RELATED TO THE OFFICE FARM ETC) DEGREE ATTENDIN PHYSICIA OFFICE FARM ATTENDIN PHYSICIA | 200 AUTOPSY? 200. IN C YES NO CURRED (ENTER NATURE OF INJURY IN ITE CITY OR TOWN 10 7 7 nian death accurred an the date an | IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE COUNTY STATE A 19 19 10 Hour and from the causes state 22c. DATE SIGNED |
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| TO HOSPITAL DE ATENDRAG PHYSICIAN. The law requires that retained by the hospital or otherding physician. TO FUNERAL DIRECTOR. After this certificate has been signed by should be detromed for one as the build-in-oral permit should be detromed for one as the build-in-oral permit. Then please with the Store Dapp. of Health and Membol Hygierie prior the build, or other MPOSTANT, if them 21 is morked at their IB shaws may injury, or other | MEDICAL CERTIFICAT | Underlying cause last PART 2 OTHER SIGNIFICANT POLICY POLIC | CONDITIONS CONTRIBUTION IPPOPULATION FOR WARRING TO THE PLACE OF INJURY (AT HOME, STREET, FACTORY, CONTRIBUTION) of the body after death. OF PRINT! Venable, Jr. | TO DEATH BUT NOT RELATED TO THE CONTROL OF SECRETARY OF CONTROL OF STREET TO DEFICE, FARM, ETC.) DEGREE ATTENDIN PHYSICIA 22e ADDRESS 7215 YORK ATTENDED TO DEGREE ATTENDED ATTENDED TO DEGREE ATTENDED TO DEGREE ATTENDED TO DEGREE ATTENDED TO DEGREE TO DEGREE TO DEGREE ATTENDED TO DEGREE TO | 200 AUTOPSY? YES NO 200 NOTOPSY? YES NO 200 NOTOPSY IN ITE CITY OR TOWN CITY OR TOWN RG MEDICAL STAFF IN COMMECTOR PHYSICIAN Rd Baltimore, ORY 23d LOCATION CITY OR TOWN | IF YES, WERE FINDINGS USE CERTIFYING CAUSES OF DEA YES NO COUNTY COUNTY 3-19-2-4, that (h) (d) d have and from the causes st |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH MONTH I. DECEASED NAME 2b HOUR TYPE OR PRINTE 30 1986 Christian Ruth 10 George IF UNDER 1 YEAR 4 RACE IF LINDER 24 HRS 3 SEX 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) 1912 Male White 74 O. BIRTHPLACE ISTATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Pennsylvania DIVORCED [U.S.A. WIDOWED Baltimore County IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Bricklaver Dundalk 2130 Willow Spring Rd. Union USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 136 STREET ADDRESS / ZIP CODE 2130 Willow Spring Rd. 13a STATE 136 COUNTY Baltimore Dundalk Maryland 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME LAST MIDDLE Cleveland Katherine Lenz Ruth Grover 17 INFORMANT ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO. White Hall, Md. IVES NO OF HAKNOWN Richard C. Ruth 19718 Old York Rd. /21161 No 217/05/6573 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY RRJIB IMMEDIATE CAUSE 10 OR AS A CONSEQUENCE OF MALMU Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE STREET AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on above, (1) (we) (did) (did not) view the body after deal and that in (my) (our) opinion death occurred on the date and have and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 9101 Franklin Square Dr. Balto., Md. 21237 Dr. Louis C. Breschi

DHMH - 16 60M 7/B4

0

(VRA 15, 4)

MPORTANT old be o

230 BURIAL CREMATION, REMOVAL 23b. DATE [SPECIFY]

Cremation

24 FUNERAL DIRECTOR

230 NAME OF CEMETERY OR CREMATORY

23d LOCATION Baltimore, Maryland

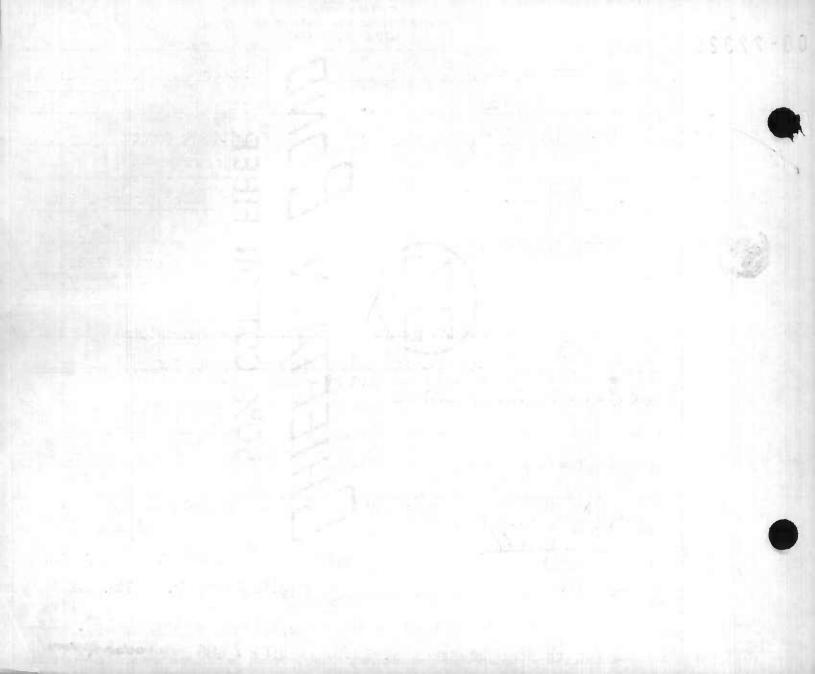
250. DATERECED APPRECISTRARIZS REGISTRAR'S STONY

STATE

Walter Brooks Bradley Inc. Balto., Md. 21222

Green Mount Crematory

| | 1 | | | | STAT | E OF MARYLAND | | 404 450 | - 17 1 |
|--|---------------|--|--------------------------------------|---------------------------|---|--------------------------|------------------------------|---------------------|---|
| -22220 | 1. | FOR STATE REGISTRAR | | DEPART | | EALTH AND MENTAL HY | GIENE B 6 | 2/ | 7 5 1 |
| - 22323 | | CEASED NAME FIR | 51 | WIDDLE | ı | AS1 | | | YEAR 26 HOUR |
| by be oge 3 death | (TYP | Cha Cha | rlotte RY | AN | | | October 24 | 1. 1986 | 8:26a M |
| moy ter d | 3. SE | X | 4 RACE | | 5. DATE C | | 6 AGE (IN YEARS LAST BIR | THDAY) IF UNDER | |
| op to | - | Female | Whit | | Feb | | 53 | YRS | |
| 6 30 1/4 | | IRTHPLACE (STATE OR FOREIG | IN TO CITIZEN C | DF WHAT COUNTRY | MARRIE | D NEVER MARRIED | 9 BALTIMORE CITY O | | тн |
| | 10.0 | PA. | | | WIDOWE | DIVORCED DIVORCED | Baltimore | | MD (IND OF BUSINESS OR |
| 1 15 | /1 | Rossville | | Klin Squ | | | Housewi | | JSTRY |
| 24 hour | USU 13a. | AL RESIDENCE (IF NURSING HE STATE 136 | OME OR OTHER INSTITUTE COUNTY Balto. | ON GIVE RESIDENCE BEFOR | | 13d. INSIDE CITY LIMETS | 3 Yawmet | ZIP CODE | 21220 |
| | 14 F. | ATHER'S NAME | | | | YES NO 1 | | er brive | 21220 |
| WAY OR | D | FIRST | WIDDLE | Dh 4 1 1 | 4 | FIRST | MIDDLE | D == | LAST |
| See See | 160 V | Lawrence was deceased ever in u. | | | | Sarah 17 INFORMANT | ADDRE | SS | vser |
| | | YES NO OR UNKNOWN) (IF | YES, GIVE WAR OR DATES | 245-50- | -0102 | John Ryan | 3 Yawmete | r Drive | 21220 |
| ysic ope vol | | 18 CAUSE OF DEATH IEM PART I. DEATH WAS C | nier only one couse p | per line for 101, (b), or | nd (c) | | | 86 | APPROXIMATE INTERVAL TWEEN ONSET AND DEATH |
| g ph on p | | IMM | EDIATE CAUSE (0) | Respirato | rv Ar | rest | | | |
| ndin corb | | | | OR AS A CONSEQU | | | | | |
| deo offor offor froun | | Conditions, if ony, whi gove rise to immedia | ich (b) | Staphylog | coccus | aureus necro | ntizing pneu | monitis | |
| the rem | | couse (a), stating t underlying couse to | he DUE TO, | OR AS A CONSEQU | | | | | |
| ed by | | | (c) | Staphyloco | occal | septicemia se | econdary to | infected | |
| sign hen to bu | Z | Chuonia wan | | | | arterio vento | ts as hunter con | DITION GIVEN IN PA | ARI I o |
| been mit. I | ¥ E | 190 DATE OF OPERATION | 196 CON | e on dialy | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | 20b. IF YES, WERE I | FINDINGS USED |
| he lo | CERTIFICATION | | | | | | YES TI NOT | IN CERTIFYING CA | AUSES OF DEATH? |
| hysicale rousid Hygin 18 sh | G. E. | 210. ACCIDENT WAS UNDERLYIN | 110110 | OF INJURY | AV VEAR | 21c HOW INJURY OCCUR | | | |
| ng ph ng ph ng ph ng ph ng ph entol trendle | K | OR CONTRIBUTING CAUSE | OF DEATH | P.M. | AT TEAK | | | | |
| this capital day | MEDICAL | 21d. INJURY OCCURRED | 21e PLAC | E OF INJURY | EADAN STC \ | 211 LOCATION | CITY OR TO | WN COUP | NIY STATE |
| fter of the on the one th | 2 | AT WORK NOT WHILE | | orace, racrow, orace | , | | | | |
| of or Use Health | | 22a-1 certify that X (this | | | | | - October | 24 19 86 | that 🗙 (we) last |
| Spite CTO d for of m 21 | | sow the deceased oli obove, X (we) (did) (| Sel Octob | Gyafte 2d oth. 19- | 00 | d that in (our) opinion | death occurred on the de | | |
| Direction of the post of the p | | 22b. SIGNATURE | 7 aill | 7 | | DEGREE ATTENDING | MEDICAL STAI | | DATE SIGNED |
| , who is on the | 1 | 224 PHYSICIAN'S NAME | 1 | | | PHYSICIAN [| DIRECTOR PHYSIC | | 10/24/86 |
| R P & B S N | 1 | - Year 12 12 12 12 12 12 12 12 12 12 12 12 12 | | | | 22e. ADDRESS | | | |
| TO FUNE should be with the S | - | Adam Faill | | | | | lin Square D | r., Balto | . 21237 |
| | | BURIAL, CREMATION, REMO | | | | EMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | COUNTY | STATE |
| BP | 74 F | Burial UNERAL DIRECTOR | 10/ | 27/86 F | lolly | HillCemeter | MiddleR | iver Bal | to Md/ |
| DHMH - 16 60M 7/84 (VRA 15, 4) | | NAME | 11. | ADDRESS | | 00 | | 230. REGISTRAR'S ST | GINATURE |
| (VKA 15, 4) | CO | nnellyFune | ralHome | _300Mace | Ave. | 21221 100 | 16 1900 | | A Marian |



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|---|--|--|--|
| LANDALIZOI | And 24 Hours of | the filled in by the to | Selber Se |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLANDALTON | TO HOSPITAL ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 21 hours enterined by the haspital or attending physician. | TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicial or Carabian filled line is should be deteched for use as the burial-transit permit. Then please remove carbon parents are so the burial-transit permit. Then please remove carbon parents are so the alth and Mental Hygiene priar to burial, cremation, ar removal | IMPORTANT: If hem 21 is marked at hem 18 spars any injury, at other traumatic event the market shall be a state of the sta |
| 101 W. PRESTON ST. | s that the death certil | ed by the attending poleose remaye carban | ar ather traumatic ev |
| F VITAL RECORDS, 2 | IAN: The law require: physicion. | TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove carbon pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal | n 1B shaws any injury. |
| DIVISION | TO HOSPITAL ATTENDING PHYSICIAN: The Instanted by the hospital or attending physician. | ECTOR. After this cerd for use as the buria | m 21 is marked or ther |
| | TO HOSPITAL . | TO FUNERAL DIR. should be detache with the State Dep | IMPORTANT: If he |

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| | | FOR - STATE | | | DEPARTM | | EALTH AND MENTAL HYG | SIENE 8 6 | 2 | 7 1 | 1 3 2 |
| 2409 | | REGISTRAR | | | | | | REG. N | - | | |
| 2 7 0 0 | | PECEASED NAME YPE OR PRINT) | FIRST | | MIDDLE | ı | AST | 20. DATE OF DEATH | MONTH DAY | Y YEAR | 26 HOUR |
| deo | | | SAMU | EL D. | S. | SADT | LER | October 27 | 1, 1986 | | 9 AIM |
| d a | 3. | SEX | | 4. RACE | | 5. DATE C | | 6. AGE (IN YEARS LAST BE | | UNDER I YEAR | IF UNDER 24 HRS. |
| 0.0 | 11 | Male | | Whit | e | | 11, 1907 | 79 | YRS | NIH5 DATS | HOURS MIN. |
| 13/40 | 70 | BIRTHPLACE (STATE OR | FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 0 | NEVER MARRIED | 9 BALTIMORE CITY | | FDEATH | |
| 18 | 7 | Marvland | | U.S. | .A. | WIDOWE | | Baltimon | e Count | tv: | MD. |
| 1 35 | | CITY OR TOWN OF DE | ATH | | | G HOME C | OR OTHER INSTITUTION | 120 USUAL OCCUPAT | ION | 126. KIND O | F BUSINESS OR |
| 18/11/ | 1 | Towso n | | | 1 W. Penn | | nia Avo | Retired | OF WORKING LIFE) | | Keeper |
| 11 10 | | UAL RESIDENCE IN NUR | | OTHER INSTITUTION | GIVE RESIDENCE BEFORE | ADMISSION) | | | | | teeper |
| 12 3/ | 7 13 | Manual and | 13b. COUN | | 13c. CITY OR TOW | N | 13d INSIDE CITY LIMITS? | 13e.STREET ADDRESS | | | |
| - | 10 | Maryland FATHER'S NAME | Balt | imore | Towson | | YES NO X | 301 W. Pe | nnsylva | nia A | ve. 21204 |
| " A! | 20 | FIRST | | MIDDLE | LAST | | FIRST | WIDDIE | | LAST | Л |
| 1/2 | 14 | Howard | I | | Sadtler | | Mary | | | Field | i |
| B | 160 | (YES, NO OR UNKNOWN) | | MED FORCES? | 166. SOCIAL SECU | RITY NO. | 17. INFORMANT | ADDR | ESS | | |
| 13 000 | | No | | | 216-01-6 | 658 | Mrs. Dorothy | W. Sadtle | r Same | as #13 | 3. |
| 1 7 | | 18 CAUSE OF DEAT | H (Enter on | ly one couse per | line for (a), (b), and | f (c).) | | | | | IMATE INTERVAL ONSET AND DEATH |
| m ven | | PART I. DEATH V | | D BY: E CAUSE (o) | CARDI | o bu | Thowary | Annest | | MI | 4) |
| or re | | | 171171201711 | | | V | | | | | |
| an, c | | Conditions, if any | kt.k | DUE TO, O | R A CONSEQUE | NCE OF | elenofic CA | MOINVER | Disens. | 40 | |
| fra | | gove rise to im | nediate | (b) | MIN COC | | CHEN OUT CAN | ANONNOC. | - (114 | 77 | > |
| crer | | underlying couse | | DUE TO, O | R AS A CONSEQUE | NCE OF | | | | 12.5 | |
| or o | | | | (c) | | | | | | | |
| lo bo | 2 | PART 2 OTHER SIG | NIFICANT C | ONDITIONS C | ONTRIBUTING TO D | EATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVEN | IN PART 10 | > |
| 5 × | Septial Carlon | 1)10 | Before | 140 | (11/45 | | | | Ten in time | | - |
| S an | 4 3 | 19a. DATE OF OPERA | IION | 196. COND | IIION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | IN CERTIFYIT | WERE FINDIN | OF DEATH? |
| 2 | | | | | | | | YES NO | YES [| | NO 🗆 |
| 78 18 50 | | | | | OF INJURY .M. MONTH DA | Y YEAR | 21c. HOW INJURY OCCURE | RED (ENTER NATURE OF INJU | IRY IN ITEM 18 PART | I 1 OR PART 2) | |
| tem | 7 3 | (# EITHER NOTIFY MED | | 1111 | Μ. | 19 | | | | | |
| 10/ | MEDIC | 21d. INJURY OCCUR | RED | 21e. PLACE | | Du EVE | 211. LOCATION | CITY OR TO | OWN | COUNTY | STATE |
| rked | 1 3 | AT WORK NOT W | RK | (AT HOME, SI | REET, FACTORY, OFFICE, FA | KM EIC] | SIREET | CHIONIC | | | 31316 |
| E G | | 22a I certify that (1) | | tal) attended th | ne deceosed from | Oct | 27 19 8 L | 10 Oct | 27 10 | 86. | that (I) (m) last |
| - Is | | sow the deceas | ed alive an | 0 | ch 2)19 | 80,00 | d that in (my) (aur) opinion (| death accurred on the d | ote and hour a | nd from the | couses stated |
| E | | obove, (I) (| did) (d id no | 1) view the body | after death. | _ | DEGREE | | | 122c. DATE S | |
| 7 = | | 100 | 1/8. | 1 | 1 11/1 | 1 | ATTENDING | MEDICAL STA | FF | | |
| Z Z | 4 | 224. PHYSICIAN'S N | in | u (| for my | 1 | PHYSICIAN 2 | DIRECTOR PHYSIC | CIAN [| 10. | 27.86. |
| RIA | | | | 0.100 | | | 22e ADDRESS | | | | |
| MPORT | | S. J. V | enabl | e, Jr., | M.D. | | 7215 York R | oad Tows | on, Md. 2 | 21204 | |
| 3 < | 23 | BURIAL, CREMATION, | REMOVAL | 23b. DATE | 23c N | AME OF C | EMETERY OR CREMATORY | 23d LOCATION | | | |
| | | Cremation | | Oct. 2 | 8,1986 W | estvi | ew Crematory | Baltime | ore. M | larylan | STATE |
| 44.79.65 | | FUNERAL DIRECTOR | | | 10 | 50 Yo | rk Road 25a DAT | E REC'D. BY REGISTRAR | 256 REGISTRA | R'S SIGNAT | THE PARTY |
| M 7/84 4) | R | uck Towson | Funer | al Home | Inc. To | wson. | Md 21204 0C | T29 1986 | - Marian | 10000 | 3 |
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME LAST 20 DATE OF DEATH MONTH 2h HOUR TYPE OR PRINTI October 24, 1986 11:40 Am Ida. Saxton Sakers 3 SEX 4 RACE 5. DATE OF BIRTH A AGE UN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH DAY VEAR DAYS Female Caucasian May 5. 1898 88 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE I STATE OF FOREIGN 7h. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore County Pennsulvania DIVORCED WIDOWEDE IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) INDUSTRY Retired- Franklin Old Court Nursing Center Laundry USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
130 COUNTY
131 (CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 21207 Baltimore Woodlawn 5313 Cecil Ave. YES [] Marulana NO M 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Elcinda Northcraft Warren Lashley 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT Westminster ADDRESS 21157 HEYES, GIVE WAR OR DATES) Mr. Robert Sakers 416 Poole Rd. Apt. Al 218-34-0888 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (q), (b), and (c).) PART I. DEATH WAS CAUSED BY: Efferion 2º Carcinowa of Lung 3 mos DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH Fibrosis of 206. IF YES, WERE FINDINGS USED PLANE 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NOTO YES [NO [210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) 21b. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 71s PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) (this heapital) attended the deceased from_ sow the deceased alive on 10/24 10 86 ond that in (my) (corr) opinion death occurred on the date and hour and from the causes stated obove, (4 (we) (did) (did not view the body ofter deoth. 22b. SIGNAFURE DEGREE 22c DATE/SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN FUNERAL MPORTANT 22d PHYSICIAN'S NAME LITYPE OF PRINT 22e ADDRESS d b Herman 6410 WINDSOR 0 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 10-27-86 Lorraine Park Cemetery Woodlawn Burial 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc 250 DATE REC'D. BY REGISTRAR 250 BEGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Randallstown, MD 8728 Liberty Rd. (VRA 15, 4)

A STATE OF THE REST

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS FOR - STATE REGISTRAR I. DECEASED NAME a DATE KNOWN (TYPE OR PRINT) DEATH MATI MARY SANZO 4 RACE DATE OF BIRTH DATE VEAR LAST BIRTHDAY) MONTHS PRONOUNCE Jan 23, 1888 98 Female. White 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED Baltimore County Ita1v 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION B CITY OR TOWN OF DEATH OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Homemaker Towson Choate Court USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE (ITY LIMITS? 2 B Choate Court 21204 Towson Baltimore Maryland 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Annunciata MIDDLE MIDDLE Diorio Josephine Joseph 17. INFORMANT 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) 1 / IF YES GIVE WAR OR DATES! Carol Scheffenacker 700 Fairmount Ave. 214-74-0799 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICAN) CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TWENT OF TO BURN YES . 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR GE 3 SHOU TE DEPART CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME. 211 LOCATION 21d. INJURY OCCURRED STREET CITY OR TOWN COUNTY STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK 22a I certify that I took charge of the remains described above, held on Autopsy and in my opinion Homicide EXAMINER'S NAME Charles F. O'Donnell, M.D. ADDRESS (TYPE OR PRINT) 736 NAME OF CEMETERY OR CREMATORY 23g BURIAL, CREMATION, REMOVAL 23b DATE Maryland Baltimore Lorraine Park Mausoleum 10/10/86 Entombment 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Ruck Towson Funeral Homes, Inc. 1050 York Road DHMH 17 (VR A15 ME (5)) 20M 4/B2

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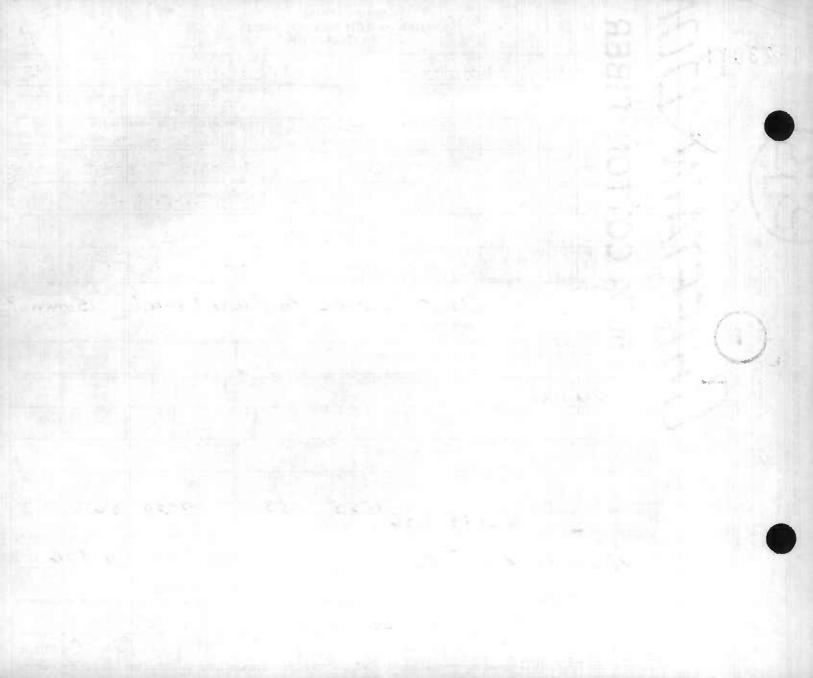
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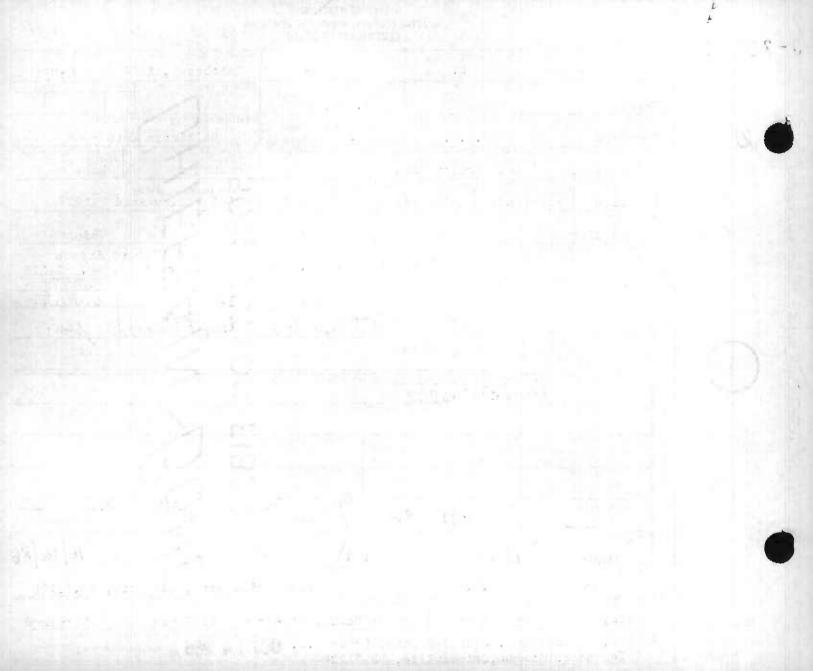
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🦂 - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTS 9:30 Fannie Sauerhoff 3 SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR MONTH YEAR Female White 10 76 TO BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED T Baltimore County 0 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 1403 Frederick Rd. Housewife Catonsville GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS Balto., Md. 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 4113 Massachusetts Ave. #21229 Balto. Md. YES XX NO 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE John Decker 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 4113 Massachesetts Ave. -Balto. . Md. 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-22-2160 Mr. George Sauerhoff #21229 18 CAUSE OF DEATH lEnter only one cause per line far (o), (b), and (c)
PART I. DEATH WAS CAUSED BY: monary assists ardiosnik IMMEDIATE CAUSE (a) eukemia 5 months Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20m AUTOPSY? 20b. IF YES, WERE FINDINGS USED. IN CERTIFYING CAUSES OF DEATH? NO YES NO [210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED [ENTER NATURE OF INJURY IN ITEM TB. PART I OR PART 2] 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN AT HOME STREET, FACTORY OFFICE, FARM, ETC 1 COUNTY STATE NOT WHILE AT WORK June 30 22a I certify that (1) (this haspital) ottended the deceased fram. Jeptember 16 September 16 sow the deceased alive on abave. and that in (my) (our) opinion death occurred on the date and hour and fram the couses stated view the bady after death 226 SIGNATURE DEGREE 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 220 PHYSICIAN'S NAME niversity of Maryland should be with the Baltimore, MD O 230 BURIAL, CREMATION, REMOVAL 23b DATE 231 NAME OF CEMETERY OR CREMATORY 236 LOCATION Burial 10-16-86 Balto. Loudon Park Cemetery Md. 3512 Frehencer Are 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE DHMH - 16 50M 1/81 (VRA 15, 4) TENTE PREVIOUS TO STORE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20 DATE OF DEATH MONTH I. DECEASED NAME 3:54PM ADAM F. SCEPANIAK SR. 10-31-1986 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER LYEAR 5 DATE OF BIRTH 2-24-1915 YEAR Male Caucasian 71 yrs. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore County Md. USA WIDOWED DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION MOST OF WORKING LIFE MINDUSTRY St. Joseph Hospital Manager Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION Md. 13¢ CITY OR TOWN Balto. 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Towson 1009 Roxleigh Road 21204 NO X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Catherine Przybijski Adam Scepaniak IAN WAS DECEASED EVER IN U.S. ARMED FORCES? THE SOCIAL SECURITY NO. 17 INFORMANT Towson, Md. 21204 HEYES GIVE WAR OR DATEST 218-05-1895 Wanda Scepaniak 1009 Roxleigh Road no 18 CAUSE OF DEATH (Enter only one cause per line lar (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT YES [NO I 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 211. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY (AT HOME STREET, FACTORY OFFICE FARM ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an_ and that in (my) (aur) apinion death occurred an the date and haur and from the causes stated 226. SIGNATUR DEGREE 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS St. Paul Street Dr. S. G.Sullivan 9 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION, REMOVAL 1236, DATE STATE St. Stanislaus Balto., Md. BP. Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256, REGISTRAD SISIGNATURE when Dendery- Kindall Schimunek Funeral Home, DORELING. DHMH - 16 60M 7/84 (VRA 15, 4) 9705 Relair Poad, Baltimore, Md.



| | | 4 | | | | | | STAT | E OF MARYLAND | | | | | |
|--|--------------|------------|---------------|---|---------------|---------------------|--|---------------|--|---------------------|-------------------------------|-------------------|-----------------------------|------------------------------|
| - 7 | nan | 1 | 1. | FOR STATE REGISTRAR | 1/8 | | DEPART | | IEALTH AND MENTAL HY ICATE OF DEATH | GIENE 8 | 6 REG. NO. | ,2 7 | 1 | 3/ |
| 6 | 0 0 0 | | | CEASED NAME | FIRST | 7.3 | WIDDLE | | AST | 20 DATEO | | NTH DAY | YEAR 21 | . HOUR |
| | oge deoil | 100 | | | ELEN | | M _, . | | SCHATZ | Octo | ber 9, | 1986 | 2 | :25A M |
| | r. pc | 100 | 3. SE | Х | a.E.o. | 4. RACE | | S. DATE | | 6. AGE (IN | YEARS LAST BIRTHD | MONTHS | | UNDER 24 HRS |
| | age of the | | | emale | | Whit | | Sep | t. 13, 1900 | | 86 | YRS. | | |
| - | 122 | 2/ | | RTHPLACE (STATE OR F | OREIGN | 16. CITIZEN OF | WHAT COUNTRY | 8. MARRIE | D NEVER MARRIED | 9. BALTIMO | RE CITY OR | OUNTY OF DE | ATH | |
| | 10 | 60 | | laryland | | | . S, . A, . | WIDOW | DIVORCED | | | re Coun | | MD. |
| 5 | y † 6 | | | TY OR TOWN OF DEA Catonsville | | (IF NOT IN SU | HOSPITAL, NURSI CHEACILITY, GIVE STREE Valley RO | (ADDRESS) | OR OTHER INSTITUTION | (TYPE OF WOR | OCCUPATION RK FOR MOST OF WI | ORKING LIFE) IND | KIND OF B DUSTRY Home | SUSINESS OR |
| 2120 | in b | 2 | Usu | AL RESIDENCE (IF NURS | ING HOME OR | OTHER INSTITUTION | GIVE RESIDENCE BEFO | RE ADMISSION) | | | | | 110 | |
| 2 | 24 Filled | 3 | | daryalnd | Balt | imore | Catonsv | | 13d. INSIDE CITY LIMITS? | 13e STREET | ADDRESS / Z 1 Valle | v Road | 2122 | 8 |
| YLA : | tely 2 sh | 2 | | ATHER'S NAME | | | | | 15. MOTHER'S MAIDEN N | | | , | | |
| X X | S P | | | William | | AIDDLE | Frenc | h | Alice | 7.9 | MIDDLE | | Whipp | s |
| m, | d co | loo 1 | | VAS DECEASED EVER | IN U.S. ARA | | 166 SOCIAL SEC | URITY NO. | 17. INFORMANT | | 5 ADDRESS | lilkens | | |
| ₩ | n ond o | medico | | YES, NO OR UNKNOWN) | (IF YES, GIVE | WAR OR DATES | 219-32- | 3211 | John F. Sch | atz | Catons | ville. | MD | 21228 |
| ALT | sicro | ol. | | 18 CAUSE OF DEAT | H (Enter onl | y one cause pe | r line for (a), (b), o | nd (c).) | 0 . 0 | | GG COM | | | TE INTERVAL SET AND DEATH |
| | phy npo | vent | | PART I. DEATH W | AS CAUSED | ĎΒΥ: E CAUSE (α) | | | Cardiac (i | 81051 | | | 100 100 | 100 |
| S N S | ding orbo | or re | | ALM THE | IIIII III | | R AS A CONSEQU | ENCE (E) | | | 40 | | | |
| ESTO | eot ive c | on, | | Conditions, if ony, | | (b)_ | | U | rieroscleres | tic He | art VI | Seaso | 40 | ters |
| W. PRESTON ST., BALTIMORE, MARYLAND 2120 | 1 | 1 | | gave rise ta imm cause (a), statin underlying cause | g the | 1 | R AS A CONSEQU | IENCE OF | | | | | 0 | |
| 201 | 1 15 | | | PART 2 OTHER SIGN | NIFICANT C | ONDITIONS C | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TER | MINIAI DISEAS | E OR CONDIT | IONI GIVENI INI | DADT Les | |
| 502 | 0 | 2 1 | Z O | | 0 | alste | 1 M- 00- | 0 | TO RECEIVED TO THE TER | MII TAL DISEAS | L OK CONDI | ION ON EN IIV | ART III | |
| DIVISION OF VITAL RECORDS | 1 1 | 115 | CERTIFICATION | 190 DATE OF OPERAT | ION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTO | | b. IF YES, WERE | FINDING | S USED |
| 3 | 1 0 0 d | 100 | Ĭ | | | | | | | YES | NOFT | YES T | | DEATH? |
| TA I | A STATE | 2 % | GE E | 21a. ACCIDENT WAS UND | | 21b. TIME C | | AV VEAD | 21c. HOW INJURY OCCU | RRED (ENTER N. | ATURE OF INJURY IN | ITEM TS PART I OR | | |
| 0 | 12 17 | 17 | AI | OR CONTRIBUTING (IF EITHER NOTIFY MEDIC | | | .M. MONTH L | AT TEAK | | | | | | |
| NO. | the state | 2 2 | MEDICAL | 21d INJURY OCCURE | | | OF INJURY REET, FACTORY, OFFICE, | FARM FEG. | 211 LOCATION | | CITY OR LOWN | (0 | UNIY | STATE |
| N N | 26 14 | ded ded | 2 | AT WORK NOT WH | ILE C | (AT HOME, ST | REEL PACIONT, OFFICE. | FARM, EIC J | 1 | | (| | | JIAIL |
| | N N N | in it | 12 | 22a.1 certify that (1) | (this hospite | al) attended th | 1 4 5 | 9, | 7 Jun 19 16 | O, ta | 101 | 19 | 6_, the | it (I) (we) last |
| - 1 | of D | 5 6 | | saw the decease abave, (1) (we) (e | d alive an_ | view the bady | | S 6 . a | nd that in (my) (our) opiniar | death accurre | d an the date | and have and f | ram the cau | uses stated |
| | chick the | 1 2 | 15 | 226. SIGNATURE | 01 | 0 | | | DEGREE | / | | 22 | c. DATE SIC | GNED |
| | A THE | 10 | | Cines | 7 1 | retun | | | | MEDICAL DIRECTOR | STAFF PHYSICIAN | 1 | 10 | 10/86 |
| 9 | T PA | 10年 | | 22d. PHYSICIAN'S NA | 1/ | , | | | 22e. ADDRESS | 113/61 | 31.33 | | | |
| 3 | HO OF | MPORTANT | | Jame | es Nol | lan M. | D _. • | | 1 Mallow | Hill R | oad,Bal | timore, | MD, 2 | 1228 |
| 2 | - E HO | | 23a. I | BURIAL, CREMATION, | REMOVAL | 23b. DATE | | | EMETERY OR CREMATORY | 23d. LOC | ATION OR TOWN | COUN | TY | STATE |
| | BP | _ | | Burial | 50.53 | 10/11 | /86 N | ew Ca | thedral Cemet | ery B | altimor | e | Mar | yland |
| D | HMH - 16 6 | OM 7/84 | 24 L | ETOYAL M. & F | Russel | 1 C. W | itzke | eral | Homes P. A. 250. DA | | | REGISTRAR'S | | |
| | (VRA 15 | , 4) | 1 | 630 Edmonds | son Av | enue C | atonsvill | e. MD | 21228 | 11.14 | 1986 | mer states as | St. games Const | |
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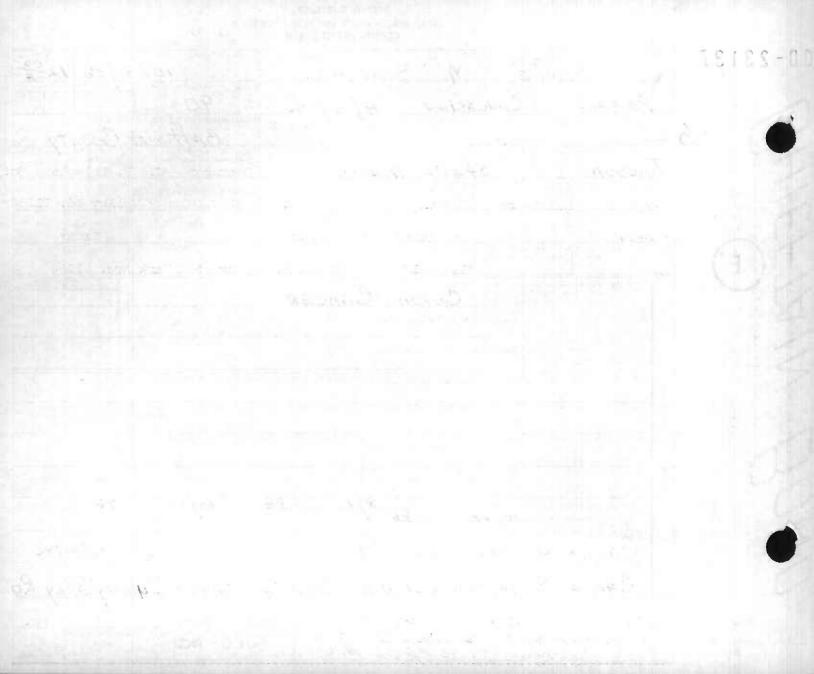


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| 00-21057 | 1 - | FOR STATE REGISTRAR | | | DEPARTA | | EALTH AND A | | 0 0 | 2 i, NO. | 11 | 3 8 |
| y be death | | | GAR | ۸ | N. | SCH | ILLIN | G | OCTOBER | | .986 | 26 HOUR 5:00P _M |
| ge 4 ma | | IALE | | RACE WHI | TE | SEP! | P. 17, | 1902 | 6 AGE (IN YEARS LAS | T BIRTHDAY) YRS | IF UNDER LYEAR | IF UNDER 24 HRS HOURS MIN. |
| n 72 hours | | RITHPLACE (STATE OR FORE | IGN 7h | U.S | • A • | 8 MARRIEI WIDOWE | X NEVER M | AARRIED | 9 BALTIMORE CIT BALTIM | Y OR COUNTY | | MD. |
| the fu | | TY OR TOWN OF DEATH | 1 | | HOSPITAL, NURSIN HEACHURY GIVE STREET OSEPH H | | | ITUTION | 120 USUAL OCCUP | | | OWARE |
| (436 | | AL RESIDENCE (IF NURSING TATE 138 RYLAND | BALT | IMORE | 130. CITY OR 19W 21204 | | 134 INSIDE CI | TY LIMITS? | 1418 PR | SVIDEN | CE RD | . 21204 |
| | 14. FA | THER'S NAME HENRY | MI | Č. | SCHÎLL | | | MAIDEN NAM | AE MIDDI | ξ | неар | |
| BALLIMORE, cate be execu- opers. Pages val. | 160 V | AS DECEASED EVER IN | | | 16h SOCIAL SECU 212-26- | | 17 INFORMAL GRACE | | | DRESS BALTI | MORE, | MD21204 |
| | | 18 CAUSE OF DEATH IS PART I. DEATH WAS IM. | Enter only CAUSED MEDIATE | one couse per BY: CAUSE (o) | line for (a), (b), ap | dien de ov | rrest | | | | | mate interval onset and death nutes |
| hat the death certified by the attending pose remove carban. | | Conditions, if any, w gove rise to immed cause (a), stating underlying cause | liote | (b)_ | | ent | | 0 | nia + Ta 1. H. D.+ | 1 | | minute |
| equires of signed Then ple | NOI | PART 2 OTHER SIGNIFI | ANT CO | INDITIONS CO | | | | | | | | 0 |
| NG PHYSICIAN: The law requires the other offending physician. Iffer this certificate has been signed be as the burial-stransit permit. Then please the and Mental Hygiene prior to burial, and Mental Hygiene prior to burial, and an in the signed or them 18 shows any injury, or a | CERTIFICATION | None | | 19b. CONDI | ITION FOR WHICH | OPERATION IN | | | 200 AUTOPSY? | IN CERTIF | | NGS USED OF DEATH? |
| SiCian: ng physic certificat rial-trans ental Hyg | MEDICAL CE | 210, ACCIDENT WAS UNDERLO OR CONTRIBUTING CAU | | 216. TIME O HOUR A./ | M. MONTH P | A 19 | N, | /A . | ED (ENTER NATURE OF | INJURY IN ITEM 18. F | PART I OR PART 2) | |
| NG PHY offer this os the but th and M | MED | 214 INJURY OCCURRED WHILE NOT WHILE AT WORK | "N/ | (AT HOME STR | OF INJURY REET, FACTORY, OFFICE, F | ARM ETC | 21f LOCATIO STREET | N/A | CITYO | RIOWN | COUNTY | STATE |
| ATTENDI aspital or SCTOR: A d for use t. of Heal | | 22a certify that (1) (the saw the deceased a abave (1) (we) (did) | olive.on. | | 10/2108 | | | | , to leath accurred on th | e date and hou | | |
| TAL OR by the horse DRE detached that DEP | | P. C. K | ale | K | | M | P | TTENDING PHYSICIAN | MEDICAL SIDERECTOR PHY | STAFF YSICIAN [| 10 / | 13/8L |
| O HOSPIT etained by TO FUNER should be a with the Sto | | PO CHNA | C. | KAHLE | | | 1 | LOCH | RAVEN B | LVD. | 296-95 | 575 |
| BP | (| URIAL, CREMATION, REA | | CT. 1 | | | CHAPE. | L CHUE | 234 LOCATION CH HARF | | | |
| DHMH - 16 60M 7/84 | | LTATAM E. | TOHN | SON85 | 21 TOCH | RAVE | N BT.V | D. OCT | REC'D. BY REGISTE | AR 25 REGIST | BAR'S SIGNA | IRE CONTROL |

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metal fill guide as a least of the state of the first of the f

| | 1 | | | | STATE | OF MARYLAND | | | |
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| | 11. | FOR STATE | | DEPART | MENT OF HE | ALTH AND MENTAL HY | GIENE A A | 27 | 739 |
| | 1 | REGISTRAR | | | CERTIFI | CATE OF DEATH | Ö O REG. N | Com I | |
| -23137 | | CEASED NAME FIRST | | WIDDLE | LA | COULDING | 20. DATE OF DEATH | MONTH DAY | YEAR 26 HOUR - |
| 6.0 1.0 | TYPE | OR PRINT) | SOPHIE | M. | 511 | SCHIRMER | | 10/30/ | 86 1200 |
| 7 15 | 1. SEX | Jopi | 1/E | 11/4 | Is, DATE OF | RMER | 6. AGE IN YEARS LAST BIR | | ER I YEAR IF UNDER 24 HRS. |
| 4 5 5 | 1 | E-mul- | 1 | | MONTH | DAY / YEAR | CO | MONTHS | DAYS HOURS MIN. |
| 8 25 | | FEMAIE | | CASIAN | 4 | 14/96 | 90 | YRS. | |
| 2 30 24 | | RTHPLACE STATE OF FOREIGN | 76. CITIZEN C | OF WHAT COUNTRY | MARRIED | ☐ NEVER MARRIED 🛣 | 9. BALTIMORE CITY O | R COUNTY OF DE | ATH / |
| 8 1 10 | | ryland | U.S. | | WIDOWED | | 13A17 | IMORE (| OUNTY ME |
| 1 119/ | 10. CI | TY OR TOWN OF DEATH | | OF HOSPITAL, NURS! SUCH FACILITY, GIVE STREE | | OTHER INSTITUTION | 12a. USUAL OCCUPATI | | KIND OF BUSINESS OR |
| 1 11/1 | 11 | owson | | STELLA | MAR | 7.5 | Operator - | | Telephone C |
| 2 53 24 | USU/ 13a. S | AL RESIDENCE (IF NURSING HOME) TATE 136. CO | | ON, GIVE RESIDENCE BEFO | | 36. INSIDE CITY LIMITS? | 13e STREET ADDRESS | | |
| A ALDED | | | timore | Towson | | YES NO R | | | ey Rd. 2120 |
| 1 150,400 | | THER'S NAME | | | | S. MOTHER'S MAIDEN NA | ME | iic, vall | |
| 1 16 150 |) | FIRST | WIDDLE | LAST | | FIRST | MIDDLE | | LAST |
| 1 | | orge VAS DECEASED EVER IN U.S. | ARMED FORCES | Schirm ? 166. SOCIAL SEC | | Mary 17 INFORMANT | ADDRE | 55 | Sauer |
| (E) 1 | | | , GIVE WAR OR DATES |) | | | | | |
| 1 67 | No | | | 212-05-1 | 886 | Gerald E. | Topper -545 | | . 21204 APPROXIMATE INTERVAL BETWEEN ONSET AND DE ATH |
| hat the deal by the other discremation other traum | | Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. | DUE TO. | OR AS A CONSEQU | JENCE OF | | | | |
| Application of the state of the | NO | PART 2 OTHER SIGNIFICAN | NT CONDITIONS | CONTRIBUTING TO | DEATH BUT N | OT RELATED TO THE TERA | MINAL DISEASE OR CON | DITION GIVEN IN I | PART I(a) |
| the bear property of the person of the perso | CERTIFICATI | 190 DATE OF OPERATION | 19b. CON | NDITION FOR WHICH | H OPERATION | WAS PERFORMED | 200 AUTOPSY? | 20h IF YES, WERE IN CERTIFYING O | FINDINGS USED CAUSES OF DEATH? |
| 7 8 8 8 6 8 | 3 | 210. ACCIDENT WAS UNDERLYING | 110110 | OF INJURY | NE VELE | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJU | RY IN ITEM 18 PART I OR | PART 2) |
| 02 111 | 14 | OR CONTRIBUTING CAUSE OF | DEATH | A.M. MONTH E | 19 | | | | |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Dig. | 21d. INJURY OCCURRED | 21e. PLAC | CE OF INJURY | | 211. LOCATION | | | |
| 01 11 1 | 1 | WHILE NOT WHILE AT WORK | AT HOME. | STREET, FACTORY, OFFICE, | , FARM, ETC) | STREET | CITY OR TO | WN CO | UNTY STATE |
| 200 を音音 | | 22a. I certify that (I) (this ha | aspital) attended | the deceased from | 8 | 1 10 86 | 10 10/30 | 3 10 8 | , that (I) (we) last |
| THE STATE | | saw the deceased alive | on 10/2 | 28 19 | 86 do | that in (my) (aur) apinian | | | |
| A G G G G G G G G G G G G G G G G G G G | | abave, (1) (we) (did) (did 22b. SJGNATURE | nat) view the ba | dy after death. | | GREE | | | DATE SIGNED |
| 0 2 0 80 2 | | Caro | 1 600 | 0.10.0 | 1. 1 | ATTENDING | MEDICAL STAI | F el | 10/20/51 |
| A 1 4 4 5 7 - | - | 22d. PHYSICIAN'S NAME (I) | OF OR PRINT | eruna | 77.14 | PHYSICIAN [| DIRECTOR PHYSIC | IAN | 0/30/06 |
| HOSP HOSP HOSP ORTA | | anala | Snl | -1.4.5. | AMA | < L // | M | D./ | 1/11 0 |
| 04 04 84 | | CHICIA | J. H/1 | EXANDE | R,111.D | UTEILA | ILIARIS - | VEIANE | YVALLEY CI |
| | 23a B | URIAL, CREMATION, REMOV | AL 23b. DATE | 23€ | NAME OF CE | METERY OR CREMATORY | 23d. LOCATION CITY OR TOWN | COUN | TY STATE |
| BP | | rial | 11-3- | | | deemer Cemet | ery Balto. | | Md. |
| DHMH - 16 60M 7/84 | 24 FU | INERAL DIRECTOR TOW | son Fune | eral Home, | Inc | | E REC'D BY REGISTRAR | 256. REGISTRAR'S | SIGNATURE |
| (VRA 15, 4) | de | luch - Tours | | 1000 M | lesto - | hil " | 1040-1900 | Gulia Di | widom Parlage |



requires that the death certificate

ATTENDING PHYSICIAN: The law

retained by the haspital ar attending physician.

BP.

0-21300

STATE OF MARYLAND

| } | REG. NO. | 2 | 7 | 1 | dj. | - |
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| _ | | | | | | _ |

| 200 | | T - STATE REGISTRAR | XC283 | 30 759 | DEPAR | | ICATE OF D | | ENE 8 6 | 2 | 1 | / 4 0 |
|---------------------------------|---|--|---|--|---|----------------------------|---------------------------|---------------------|--|----------------|--------------|-----------------|
| 300 | 1. | DECEASED NAME | FIRST | | | LAST | | 20 DATE OF DEATH | MONTH DAY | YEAR | 26 HOUR | |
| 5 to 3 | 1 | JOSEPH EA | | | ARL | ARL SCHMIDT, Sr. | | OCTOBER 14 | . 1986 | | 9:00 PM | |
| 20 10T | 7 3 | 3 SEX | | 4. RACE | 4. RACE 5. D | | 5. DATE OF BIRTH | | & AGE (IN YEARS LAST BIR | | UNDER 1 YEAR | IF UNDER 24 HRS |
| saft | | MALE | | WHITE | WHITE | | AUGUST 17, 1921 | | 65 | YRS | VIHS | HOURS MIN. |
| dire hour | 7 | To. BIRTHPLACE (STATE OR FOREIGN | | 76 CITIZEN OF WHAT COUNTRY? | | V2 8 | 8 MARRIED W NEVER MARRIED | | 9. BALTIMORE CITY OR COUNTY OF DEATH | | | |
| Z Z | 5 | MARYLAND | | U.S.A. | | | WIDOWED DIVORCED | | BALTIMORE COUNTY MG | | | MD. |
| 32 | 1 | 10. CITY OR TOWN OF DEATH | | 11. NAME OF | 11. NAME OF HOSPITAL, NURSING HOME | | OR OTHER INSTITUTION | | 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY | | | |
| 1 | 3 | | | VA MEDI | (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) VA MEDICAL CENTER OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION! | | INT | | MACHINE OPERATOR MANUFACTURING | | | CTURING |
| | 100 | 30. STATE MARYLAND | 13b COL | IMORE | COCKEY: | NWC | 13d INSIDE CI | ITY LIMITS? | 300 LORD E | ZIP CODE | ANE, 2 | 1030 |
| Tely V2s | A | 4 FATHER'S NAME | | MIDDLE | LAST | | | MAIDEN NAA | WIDDLE . | | LAS | ST. |
| ld work | | EDGAR PAUL | | | SCHMIDT | | MAI | | | | BODE | |
| d co es l ical | 1 | 60 WAS DECEASED | | | | | 17. INFORMAL | NT | ADDRESS | | | |
| S. Pag | | | | WII 212 12 5 | | 5443 | CLINIC | CAL REC | ORDS, VAMC | FORT I | HOWARD, MD | |
| aper aper aval. nt, th | | | ATTENDACE CALL | inly ane cause pe | | | | | | | | ONSET AND DEATH |
| g pt | - | IMMEDIATE CAUSE (a) ACUTE RENAL FAILURE | | | | | | | | | 7 DAS | ZS |
| re cark an, ar umatic | | DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which ((b) BILATERAL PYELONEPHRITIS 2 | | | | | | | | | 2 MON | PHILI |
| y the al | | gave rise t | o immediate stating the couse last. |) (0,- | DUE TO, OR AS A CONSEQUENCE OF | | | | | | | |
| pleo prial, | | PART 2 OTHE | RSIGNIFICANT | CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 | | | | | a | | | |
| sign Then to bi | | | | | | | | | | | | |
| ermit. Te prior | | | | | | CH OPERATION WAS PERFORMED | | | 20a AUTOPSY? | 20b. IF YES, V | VERE FIND IT | OF DEATH? |
| show | 4 | E | VALUE DE DIVINIO | 211 71145 | DE INTUINV | | Tale HOW IN | ILION OCCUPA | YES X NO | YES | | NO 🗌 |
| ol-tron ntol Hy | 4 | OR CONTRACTOR | WAS UNDERLYING HG CAUSE OF D HFY MEDICAL EXAMIN | EATH HOUR A | | | | | | | | |
| bur Me | | (IF EITHER NOT | | 21e. PLACE | OF INJURY | | 211 LOCATIO | N | CITY OR TO | WN | COUNTY | STATE |
| ter the street and rked | WHILE NOT WHILE AT WORK AT WORK AT WORK | | | | | | | | | | | |
| use o Health | 1 | 22a.1 certify that (1) (this hospital) attended the deceased fromIIINE23 | | | | | | | | | | |
| d for af | | saw the deceased alive an OCTOBER 14 19 86 , and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated above (1) (we) (did) (did not) view the body after death, 27% SIGNATURE | | | | | | | | | | |
| orachec re Dept | | 22b. SIGNATU | IAAAA | 6 | Tan | u Me | | ATTENDING PHYSICIAN | MEDICAL STA | | | 15-86 |
| VERAL be det State | 77d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS | | | | | | | | | | | |
| should be det with the State | | ALID | 002 0 1 | DANI M D | | | VA MET | DICAL C | ENTER, FORT | HOWARI | O. MD | 21052 |
| <u> </u> | | 30 BURIAL, CREMA | TION, REMOVA | | 23 | 3c. NAME OF | EMETERY OR | REMATORY | 23d LOCATION | | | STATE |
| | | Buria | | 10/18 | /86 D | ulaney | Valley | | rdens Timo | | alto. | Mď. |
| 14 4044 7 /04 | | 4 FUNERAL DIREC | TOR | 10 11 | D - 1 | n.i | 21002 | 25a. DATE | E REC'D. BY REGISTRAR | 256. REGISTRA | R'S SIGNAT | URE |

DHMH - 16 60M 7/84 (VRA 15, 4)

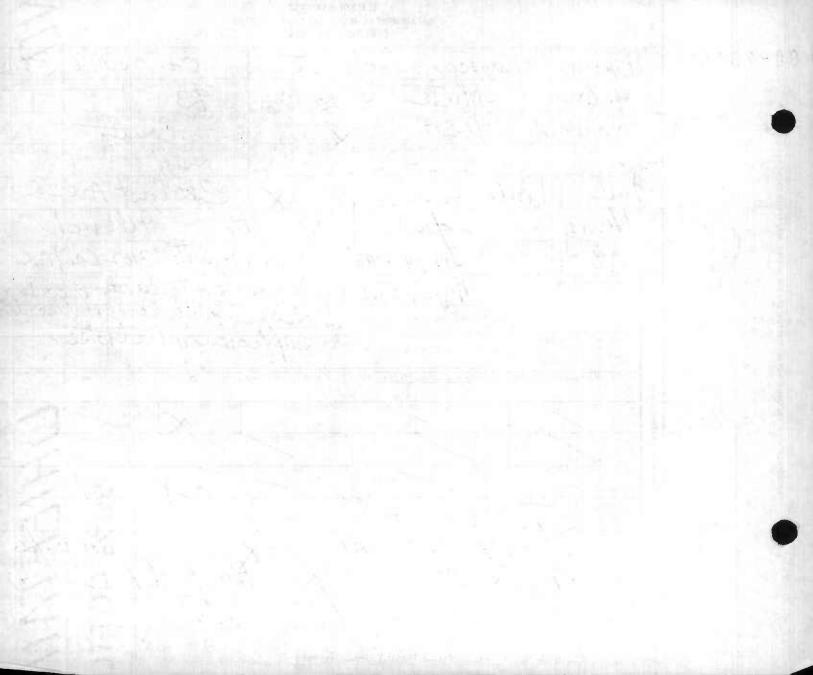
Martin D. Lawson, 10 W. Padonia Rd., 21093

Theilden-Pandalle



| 0 - 2 | 1120 | FOR STATE REGISTRAR | DEPARTA | STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH | 00 2 | 7741 | | |
|---|--|--|--|--|--|--|--|--|
| | | I. DECEASED NAME FIRST | WIDDLE | LAST | REG. NO. 20. DATE OF DEATH MONTH DA | Y YEAR 2b. HOUR | | |
| | nay be page 3 er death | (TYPE OR PRINT) Jos | eph Willia | am Schreck | October 14 19 | 986 M | | |
| | | 3. SEX | 4 RACE | 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | FUNDER I YEAR IF UNDER 24 HRS | | |
| ,,,,,,, | 96 95 | Male | White | Nov. °11 1916 | 69 YRS | | | |
| • | leath. Pa | BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland | 76 CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED WIDOWED DIVORCED | Baltimore County of Baltim | | | |
| | s offer d | 10 CITY OR TOWN OF DEATH Essex | 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 818 Martin RO | IG HOME OR OTHER INSTITUTION ADDRESS) Dad | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Retired-John | 12b. KIND OF BUSINESS OR INDUSTRY HOPKINS HOSP | | |
| ND 212 | 24 hours | 13a. STATE 13b. CC | e or other institution give residence before DUNTY 13t. CITY OR TOW Alto. Essex | | 13e.STREET ADDRESS 818 Martin RC | pad 21221 | | |
| MARYLA | A SPACE | 14. FATHER'S NAME FIRST Henry | Schreck Schreck | 15. MOTHER'S MAIDEN NA Mollie | | olford | | |
| BALTIMORE, MARYLAND 21201 | | | ARMED FORCES? 16b. SOCIAL SECUL 11 SOCIAL SECU | 2224 | ADDRESS Watson 1918Popl | arRd.21221 | | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAL' | guines that the death certificate signed by the attending physics has please tendencial physics to buried, cremation, or temoral, its injury, or other traumatic event, the | PART I. DEATH WAS CAL IMMED Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN | DUE TO, OR AS A CONSEQUE (b) Meta Stati DUE TO, OR AS A CONSEQUE (c) | tory Arrest NCE OF C Squamous Cell | lung CANCER | | | |
| AL RECOR | The format of period of the pe | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | | OPERATION WAS PERFORMED | YES NO YES | | | |
| ON OF VIT | TSICIAN ing physic centron wentsi the | 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTHEY MEDICAL EXAM 21d. INJURY OCCURRED | DEATH HOUR A.M. MONTH DA | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM 18 PAR | RT 1 OR PART 2) | | |
| DIVISIO | NG PH offer the offer do | AT WORK AT WORK | (AT HOME STREET, FACTORY, OFFICE, F | ARM, ETC) STREET | OWOT SO YII) | COUNTY STATE | | |
| | r attendi copport o ECTOR. v ed for one pt. of Heo | 22a. I certify that (I) (this haspital) attended the deceased from THIV 1, 19 %5, to 10 ~ 14, 19 %6, that (I) (we) last saw the deceased always at the deceased always (I) (we) (i) (iii) (iii) (iii) (iii) (iii) (iiii) (iiiii) (iiii) (| | | | | | |
| | ned by the by the by the by the by the by the build be detocent the Stote DORTANT. If the | 22d. PHYSICIAN AME (TV | M. Du Bris | M D ATTENDING PHYSICIAN [| MEDICAL STAFF DIRECTOR PHYSICIAN | 10/16/86 | | |
| | TO HOSPITAL retained by the TO FUNERAL should be deit with the State IMPORTANT: | | NO N. DuBO | is Johns | Hopkins Hos | pital | | |
| | BP | 230. BURIAL, CREMATION, REMOV (SPECIFY) Burial | | NAME OF CEMETERY OR CREMATORY | | ford Md. | | |
| | OHMH - 16 50M 4/82 (VRA 15, 4) | 24 FUNERAL DIRECTOR ConnellyFuner | alHome 300 Mac | | recid. By REGISTRAR 256. REGISTR. | AR'S SIGNATURE | | |

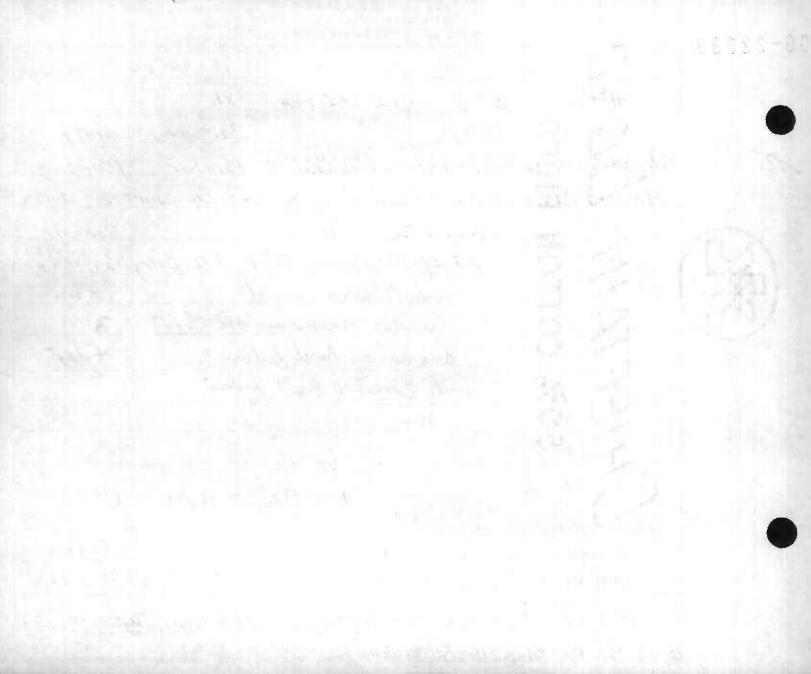
| | 1, | FOR - STATE | | STATE OF MARYLAND NT OF HEALTH AND MENTAL HYG | IENE | 27/42 |
|--|---------------|---|---|--|---|--|
| 0.0 | 1 | REGISTRAR CEASED NAME FIRST | MIDDLE | CERTIFICATE OF DEATH | REG. NO. | NSH DAY YEAR 26 HOUR |
| 00-23468 | (TYP) | | repesa. 2 | schulte | Oct | 26 1986 500 A |
| ge 4 moy ector. pag | 3. SE | * Jedorale " | RACE White | DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDA | YRS. IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. |
| 4 2 de 4 de 5 | | IRTHILACE ISTATE OFFOREIGN 76 | CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR C | OUNTY OF DEATH |
| er deo | A 10 C | ITY OR TOWN DE DEATH | NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ADI | HOME OR OTHER INSTITUTION | BALTO . CO | MD. III. KIND OF BUSINESS OR |
| 201 rs off | -17 | arkvills ! | 3102 EAST | AVI. | Herry | SHENGTHE) HOUSTRY |
| 2 4 66 54 | 136 | AURESIDENCE IN MIRESHO HOM ON OF | B. CITY OR TOWN | YES NO | III STREET BOOK | ast Avedia34 |
| MARYLAND |)" | Henry " | Sopreyl | 15 MOTHERS MAIDEN NA | the MIDDLE | Ellrich |
| BALTIMORE, total be seen of 3 appears of 3 a | 16n | WAS DECEASED EVE IN U.S. ARME VEL HOS LUNGHOUSE WELL GIVE W | 217 74 4 | YNO. 17 INFORMATION | Smith | 3102 East Are |
| 2 502 4 | | 18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED) IMMEDIATE | ane cause perfine for fal, (b), find to BY: | rsive arland | clerotic | arther onset and sain |
| on ST confing : confing : confing : | | MANEONIE | DUE TO, OR AS A CONSEQUENT | CEOF Disease | with (| arebro vasculo |
| PRESTON the death of the otherdin the otherdin the otherdin the other contraction, or the other contraction of the other the other contraction of the other contraction of | | Canditions, if ony, which gove rise to immediate cause (o), stating the | (b) DUE TO, OR AS A CONSEQUEN | Insuffe | ciency | stoke |
| 301 W. and the state of the sta | | underlying couse last. | 10 | 10 | | |
| | No | PART 2. OTHER SIGNIFICANT CO | NDITIONS CONTRIBUTING TO DE | ATH BUT NOT RELATED TO THE TERM | INAL DISEASE DE CONDIT | ION GIVEN IN PART 1(0) |
| RECORDS, | CERTIFICATION | 19e. DATE OF OPERATION | 196 CONDITION FOR WHICH OF | FRATION WAS PERFORMED | | DE IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? |
| DIVISION OF VITAL NG PHYSICIAN: The offending physician for the certificate to or the bestractionals or the and Mental Hygien | 18 | 210, ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY HOUR A.M. MONTH DAY | 21c. HOW INJURY OCCUPH | YES NOTIFIED (ENTER NATURE OF INJURY IN | YES NO I |
| NON SECTION OF THE PARTY OF THE | MEDICAL | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NO, IFY MEDICAL EXAMINER) | P.M. | 19 | | |
| C PHY offends offends offends offends offends | MEC | 214 INJURY OCCURRED | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FARA | A, ETC.) | CITY OR TOWN | COUNTY STATE |
| DND IN OIL | | 22a I certify that (I) (this hospital | i) attended the deceased from | april 10 61 | 10.000 | , that (I) (we) lost |
| R ATTI hospit RECTC ed for en 21 | 1 | saw the deseased alive an obove, (I) two (dide and more | view the body after Veoth. | DEGREE | death occurred on the date | and hour and fram the causes stated |
| TAL CONTRACTOR AND ACTOR OF THE DISTRICT THE | | Ona | UK Jun- | ATTENDING PHYSICIAN | MEDICAL STAFF | 1000006 |
| TO HOSPITAL TO FUNERAL Should be det with the Store With MAPORTANT: | | F.T. KAS | IK MD | The ADDRESS | Harford | -Rd (2/234) |
| 5 5 5 × × × + | | SPECIFY) | | ME OF CEMETERY OR CREMATORY | DE LOCATION CITY OR TOWN | COUNTY |
| DHMH 16 60M 1/73 | | URIAL UNERAL DIRECTOR | 10 29 1986 ST | JOHNS LSM 1250 DATE | REC'D. BY REGISTRAR 1256 | REGISTRAR'S SIGNATURE |
| (VR A 15 (4)) | 12 | VANS CHAPILOF | - Marorias HAR | FURO ROAD MUV | 8 1300 | lia Devideon-Rondolle |



| | | | | STATE OF MARYLAND | | |
|-------|--|---|--|--|--|---|
| | | FOR T- STATE | DEP | ARTMENT OF HEALTH AND MENTAL H | YGIENE 5 | 27/83 |
| 0 - | 21332 | REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. | 2 / / 3 9 |
| | | I. DECEASED NAME FIRST | MIDDLE | LAST | 20 DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| | off off | (TYPE OR PRINT) | | CCURIAR | 1.0 | 17 06 |
| | poge r deat | 3. SEX | 4 RACE | S CHWAB 15. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 MRS |
| | offe, | | | MONTH DAY YEAR | U. AGE (WILLIAM ON OWN TOWN) | MONTHS DAYS HOURS MIN. |
| 1 | ag ect | FEMALE | WHITE | 5 10 1908 | | 'RS. |
| | # 02 3/S | COUNTRY) | 76 CITIZEN OF WHAT COUN | ITRY? 8. MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR CO | UNTY OF DEATH |
| | 1 11 12 | Maryland | _U.S.A. | WIDOWED DIVORCED | BALTO. COUN | TY MD. |
| | 1 11 100 | CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE | URSING HOME OR OTHER INSTITUTION STREET ADDRESS) | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK | 12b. KIND OF BUSINESS OR |
| 1201 | 100 | TOWSON | ST JOSEP | H HOSPITAL BEFORE ADMISSION | Homemaker | Own Home |
| 2 0 | 111 354 | LIE STATE 136 COU | VIY: 134 CITY OR | TOWN 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP | CODE |
| N N | C TON | Maryland // | Balti | | 30 Over Rido | ge Ct. 21210 |
| RYL | 1 1 2 | 14 FATHER'S NAME | MIDDLE LAS | 15 MOTHER'S MAIDEN N | JAME MIDDLE | 1467 |
| MA | 2 11/1/ | Alexander | M. Cla | 1 11/31 | MIDDLE | Adelman |
| W | 1 0 1 | 160 WAS DECEASED EVER IN U.S. AR | | SECURITY NO. 17. INFORMANT | ADDRESS | Glen Arm, Md. |
| OM NO | a Long | (15 YES, GIVEN NO.) (15 YES, GIVEN NO.) | /E WAR OR DATES) | 1-4711 Joan A. Vid | lal - 11 Windy H | |
| 5 | e cio | | | | · O | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 60 | ficot pop novol ent, 1 | PART I. DEATH WAS CAUSE | nly one cause per line for (a), (l D BY: | oi, and ici. | 1.// | BETWEEN ONSET AND DEATH |
| ST | ertife pon rem | IMMEDIA | TE CAUSE (a) CCM | The Olenpund | Trillie | acute |
| O | ndir corl not | | DUE TO, OR AS A CONS | SEQUENCE OF | | |
| ESI | den office | Conditions, if ony, which | (d) | UPD | | 10 W. |
| 4 | the rem | gave rise to immediate cause (a), stating the | DUE TO, OR AS A CONS | SEQUENCE OF. | | 1 |
| 3 | by by ase f, cr | underlying cause last | 1 10 00 | eviettes | | |
| 30 | 0000 | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING | DO DEATH BUT NOT RELATED TO THE TER | RMINAL DISEASE OR CONDITION | N GIVEN IN PART LIG |
| RDS | 1227 | as | CVD | | | |
| 8 | 11117 | 4 190. DATE OF OPERATION | 196 CONDITION FOR W | HICH OPERATION WAS PERFORMED | 20a AUTOPSY? 20b | IF YES, WERE FINDINGS USED |
| 8 | 24 282 | 2 | | | 200 AUTOPSY2 20b | ERTIFYING CAUSES OF DEATH? |
| H. | 10 110 | 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 7 216. TIME OF INJURY | 21¢ HOW INJURY OCCU | | M 18 PART I OR PART 2) |
| > | 34 414 4 | OR CONTRIBUTION TO CAUSE OF OF | HOUR A.M. MONTH | DAY YEAR | ALLES TENTER HANDRESS TO AN IN THE | m ro rant I Okrani zi |
| z | X 7 5 1 1 1 | THE EITHER, NOTHY MEDICAL EXAMINED 21d. INJURY OCCURRED | P.M. 21e. PLACE OF INJURY | 19 211 LOCATION | | |
| Sio | £ 1 + 2 2 2 2 | ZIG. INJORT OCCURRED | (AT HOME, STREET, FACTORY, O | | CITY OR TOWN | COUNTY STATE |
| Ž. | S 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | WHILE NOT WHILE AT WORK | | | | |
| | N + 8 5 5 5 | 229 1 certify that (1) (this hospi | | ^/ | 10 10 / 13 | . 19 that ((We) last |
| - | E 4 55 5 2 | obave, (1) (we) (did) (did no | at) view the body ofter death. | .19, ond that in (my) (our) opinio | in death occurred on the date an | d hour and from the causes stated |
| | 佐里 聖皇皇皇 | 22b. SIGNATURE | 0 | DEGREE | | 22c. DATE SIGNED |
| | A MAST | (()(X) 0 | 111/11 | ATTENDING PHYSICIAN | MEDICAL STAFF | 10/12/11 |
| | TUNERAL Nº Store | 22d. PHYSICIAM'S NAME (TYPE C | OR PRINT) | 276 ADDRESS | | 1 1 1 1 1 0 |
| | HOSE NAME OF THE PROPERTY OF T | D.A. DIV. | S/cm MD | 740 | 1 Osler | D- 21204 |
| | 5 5 5 1 3 | 230 BURIAL, CREMATION, REMOVAL | 707 | 234 NAME OF CEMETERY OR CREMATORY | 23d LOCATION | 71204 |
| | D.D. | (SPECIFY) | | | CITY OR TOWN | COUNTY STATE |
| | BP | Burial 24 FUNERAL DIRECTOR | 10-16-86 | Dulaney Valley | Cockeysville | |
| | DHMH - 16 60M 7/84 | NAME TO THE TOTAL | ADDI | **Towson, Md. 21204 | ATE REC'D. BY REGISTRAR 256, RE | EGISTRAR'S SIGNATURE |
| | (VRA 15, 4) | Ruck Towson Fune | eral Home, Inc | ·Towson,Md.21204 | 10 1980 | To Amen (entre) |

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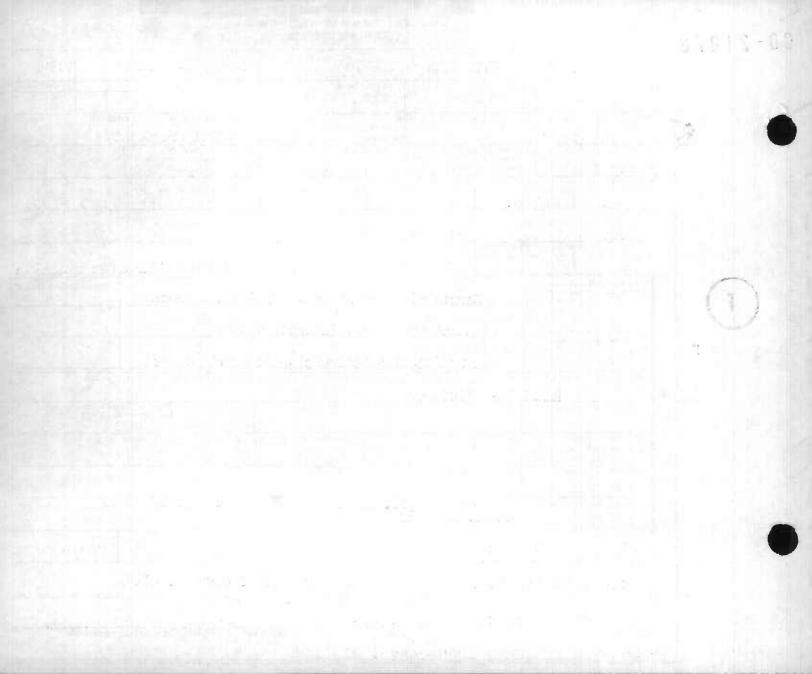
| | 1 | | | STATE OF MARYLAND | AAn. | 2 7 1 1 12 |
|--|---------------|---|---|--|---|--|
| | 1 | FOR - STATE | DEPAR | MENT OF HEALTH AND MENTAL HY | GIENE 8 6 2 | 1193 |
| 10-22220 | | REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. | |
| 00 77330 | | CEASED NAME FIRST | WIDDLE | LAST | 20 DATE OF DEATH MONTH DA | YEAR 26 HOUR |
| oge 3 deoth | (,,,, | Josep | h | Schwartz | 10-22-84 | 1535 m |
| pog pog | 3. SI | | 4 RACE | 5. DATE OF BIRTH | | FUNDER 1 YEAR IF UNDER 24 PRS |
| 4 off | | Male | White | 12 85 1904 | 81 YRS MC | ONTHS DAYS HOURS MIN. |
| 8 33 BP | 7a. E | IRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY | ? 8 MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY | OF DEATH |
| | / | K4551A | U.S.A | WIDOWED DIVORCED | Baltimore . | County MD. |
| m-11 } | 110 | ITY OR TOWN OF DEATH | | ING HOME OR OTHER INSTITUTION | 120 USUAL OCCUPATION PLYPE OF WORK FOR MOST OF WORKING LIFE) | 126 KIND OF BUSINESS OR |
| 22 1 V | 1/ | andallstown | Dull A A II | HOSP, Randalk From Mo | Plumber | Plumbing |
| The same | 13a. | AL RESIDENCE (IF NURSING HOME OR STATE . 136 COUN | OTHER INSTITUTION, GIVE RESIDENCE BEFO | RE ADMISSION) WN 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP CODE | |
| S S S S S S S S S S S S S S S S S S S | | Maryland Balt | imore Randol | Stoup YES NO X | 5432 OID Cour | TRd 21133 |
| rth: rtely 2 sh | 14 F | ATHER'S NAME | W0016 | 15. MOTHER'S MAIDEN NA | ME | |
| WA S STORY | | lever | Schuzer Schuzer | Tz Golda | WIDDLE | Cohen |
| RE CO. | | WAS DECEASED EVER IN U.S. AR | | URITY NO. 17 INFORMANT | ADDRESS | 2/122 |
| OW TOTAL | 1 | (IF YES GIVE | 218-09 | -8565 BETRICE FAI | ied 3421 Barry | Paul Rd Hono |
| THE STATE OF THE S | | 18 CAUSE OF DEATH (Enter on | y one couse per line for (a), (b), a | nd :c | 1 | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 1 4 6 6 7 1 | | PART I. DEATH WAS CAUSEL | E CAUSE (o) | in Pulmeren arr | ert | 10 mm |
| N Z | | IMMEDIA | DUE TO, OR AS A CONSEQU | inter he | # .0100 | 0 |
| STO | | Conditions, if ony, which | // 4/ | netion mumon | will CUPD | 31/1 |
| M T T T T T T T T T T T T T T T T T T T | | gove rise to immediate couse (a), stating the | DUE TO, OR AS A CONSEQU | IENICE OF 1 D A | 1 1 | 1 |
| W for the state of | | underlying couse lost. | 10) Any | ria du herel la | ulun | 4 days |
| 20 central de la constante de | 1 | PART 2. OTHER SIGNIFICANT C | ONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TERM | AINAL DISEASE OF CONDITION GIVE | N IN PART 110 |
| NRDs | CERTIFICATION | A S | CUD mith | Corrector Heart | failmi | |
| econy ony | 7 3 | 196. DATE OF OPERATION | | HORERATION WAS PERFORMED | 20a AUTOPSY? 20b IF YES, | WERE FINDINGS USED ING CAUSES OF DEATH? |
| ALR line I | I E | m | 4 h | me | YES NO YES | NO [|
| DIVISION OF VITA NG PHYSICIAN: The other this certificate of the buriol-fromit of the hondright on the order of them 18 shoot or them 18 shoo | E | 218 ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY HOUR A.M. MONTH [| 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM 18 PAR | IT I OR PART 2) |
| SICIAL DE CENTRE CENTRE CENTROLLE CE | N N | OR CONTRIBUTING CAUSE OF DEA' | 111 | 19 | | |
| PHYS ending this of the burner of the dor H | MEDICAL | 21d INJURY OCCURRED | 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE | FARM FICA STREET | CITY OR TOWN | COUNTY STATE |
| IVISION Offer the sthe | 2 | AT WORK AT WORK | (A) HOME STREET, PACTORY, OFFICE | FARM ETC.) | / | . / |
| D At At At ano | | 22a I certify that (I) (this hospit | ol) ottended the deceased from | 11/4 19/2 | - 10 16/22 | that (I) (we) lost |
| TTEN Pritol For LOR of H | | sow the deceased alive on a | 10/22 19 | 66 , and that in (my) (our) opinion | death occurred on the date and hour | |
| hospin hospin RECTined for pept. of | | 226. SIGNATURE | New the body offer death. | DEGREE | | 226 DATE SIGNED |
| Y the y the Cal Dide Defort Diore Di | | morrow | Fredmys | MD ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 10/23/81 |
| HOSPITAL ned by t FUNERAL JId be deal the Stote | | 22 d. PHYSICIAN'S NAME (TYPE OR | PRINT) | . 22e ADDRESS | DIRECTOR PHYSICIAIN | 11-1-1/00 |
| | | MAURICE | FELDMA | N JR 6610 C | CROSS COUN | TRY BLUD |
| of Short | 23a | BURIAL, CREMATION, REMOVAL | 236 DATE , 23c | NAME OF CEMETERY OR CREMATORY | 23d. LOCATION | |
| BP | | Burial | 10/24/86 19 | oth Telloh | 12 Soulainh Ba | Himore, MA |
| DHMH - 16 60M 7/84 | 24 F | UNERAL DIRECTOR | 1-10-10 | 2/208 250 DAT | E REC'D BY REGISTRAR 256. REGISTRA | AR'S SIGNATURE |
| (VRA 15, 4) | 4 | brew Memorial F | FH. In -112 ROPESS | terstown Rd Inc. | r 2 7 1086 | ideal grantage |
| | 100 | | 10011 | 13.001110 | 1300 1 | |



| | | FOR | | STATE OF MARYLAND | | |
|--|---------------|--|--|--|---|--|
| 00-21933 | 1. | STATE REGISTRAR | | DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH | 8 6 2 | 77746 |
| 00 21333 | 1. DE | CEASED NAME FIRST | MIDDLE | LAST | REG. NO. | DAY YEAR 26 HOUR |
| 9 e e e | (TYPE | ORPRINT) CHRISTI | 010 / | SCOTT | 10 | 18 1986 950 AM |
| may be page 3 | 3. SE. | | 4 RACE | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS |
| s offi | 2 | FEMALE | BLACK | MONTH DAY YEAR 5 10 188 | 6 100 x | MONTHS DAYS HOURS MIN. |
| 0 44/0/ | To BI | RTHPLACE (STATE OF FOREIGN | 76 CITIZEN OF WHAT C | OUNTRY? 8 | A BALTIMORE CITY OF COL | |
| to the state of th | | OUNTRY) UTH CAROLINA | U.S.A. | MARRIED NEVER MARRIED | BALTIMORE | COUNTY MD |
| er d | | ITY OR TOWN OF DEATH | 1) NAME OF HOSPITA | L, NURSING HOME OR OTHER INSTITUTION | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) | 126 KIND OF BUSINESS OR |
| 10 00 18 700 | Lc | atonsville | LIHLE SIS | TERS of the Poor | Housekeeper | |
| 212 hour | USU. | AL RESIDENCE (IF NURSING HOME COL | | DENCE BEFORE ADMISSION) Y OR TOWN 13d INSIDE CITY LIMIT: | S? 13e. STREET ADDRESS | 21223 |
| AND 0 24 | | RYCAND - | | TIMORE YES NO [| 301 N. CALVEN | ETON ROAD |
| RYL With RYL | 11. | ATHER'S NAME FIRST | MIDDLE | LAST IS MOTHER'S MAIDEN | NAME | LAST |
| M. bed | _ | EROME | | COTT MARY AN | | CRATON |
| BALTIMORE, MARYLAND 212D cote be executed within 24 hours by our and completely tilled in the | | VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GI | VE WAR OR DATES) | CIAL SECURITY NO. 17 INFORMANT | ADDRESS | EN CHOICE LANE |
| be be | 1 | 00 | 220 | | REEN COL MAID | |
| | | 18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS | only one cause per line far SED BY: | EMIA | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 4 ST. | | IMMEDIA | ATE CAUSE (0) | C 1-11 // | | |
| W. PRESTON ST., or the deoth certification of the deoth certification of the certification of terms of certification of terms of the strought of the strong of t | | Conducting 111 | DUE TO, OR AS | ENAL FAILUR | 5 | |
| PR EST | | Canditions, if any, which gove rise to immediate | (b) | | D | |
| by the oother | | couse (a), stating the underlying cause last. | DUE TO, OR AS A C | CONSEQUENCE OF | | |
| 201 Plec uriol | | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBL | ITING TO DEATH BUT NOT RELATED TO THE | TERMINAL DISEASE OR CONDITION | GIVEN IN PART 1(a) |
| RDS, | Z O | Alkero 8 | cleration | heart desea | se | |
| DIVISION OF VITAL RECORDS, 2D1 ING PHYSICIAN: The low requires the catterding physicion. After this certificote has been signed be as the burical-tronsit permit. Then pleas the ond Mental Hygiene prior to buriol, orked on tem All staws pray injury, or or detended. | CERTIFICATION | 190 DATE OF OPERATION | 19b. CONDITION FO | OR WHICH OPERATION WAS PERFORMED | 20a. AUTOPSY? 20b. I | F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? |
| TALRE lo ricion. The lo ricion. The lo sist per giene propried giene gie | E | | KIND OF A | | YES NO | YES NO |
| SICIAN: The physicio certificote Priol-tronsit entol Hygies them 48 s.b. | | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | | | CURRED (ENTER NATURE OF INJURY IN ITE | 4 18, PART 1 OR PART 2) |
| ON OF HYSICIA rding pl rding pl rding pl rding pl rding pl rding pl rding pl rding pl rding pl rding p | Ĭ. | (IF EITHER, NOTIFY MEDICAL EXAMINE | R) P.M. | 19 | | |
| /ISIOn | MEDICAL | 21d. INJURY OCCURRED | 21e PLACE OF INJU (AT HOME, STREET, FACTO | RY 211. LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| | | AT WORK AT WORK | VI DATE TO A | | | |
| Pol o | | 22a.1 certify that (I) (this hasp saw the deceased alive a | | | nion death occurred on the date and | , 19, that (I) (we) lost |
| OR ATTEN e hospitol DIRECTOR, oxhed for us Dept. of He | - | obave, (1) (we) (djd) (did n 22b, SIGNAFORE) | nat) view the bady after de | oth. DEGREE | mon acom occorred on the date onc | 22c DATE SIGNED |
| | | 1871 | Karan | Ma ATTENDIN | IG MEDICAL STAFF | 10-9 - W |
| HOSPITAL ined by the FUNERAL UID be detrompted to the State Officer. | 1 | 224. PHYSICIAN'S NAME (TYPE | OR PRINT) | PHYSICIA 22e. ADDRESS 31. | N DIRECTOR PHYSICIAN | AVE |
| TO HOSPITAL retoined by 11 TO FUNERAL should be det with the Store | | SAMB AND AM | BASKA | RAN BALITY | MORE MO | 21 170 |
| of short of | 23a. I | BURIAL, CREMATION, REMOVA | | 23c. NAME OF CEMETERY OR CREMATO | DRY 23d LOCATION | 11007 |
| BP | (| SPECIFY) Burial | 10/22/86 | New Cathedral Cem. | Baltimore | Maryland |
| DHMH - 16 50M 1/76 | 24 F | UNERAL DIRECTOR | | | DATE REC'D. BY REGISTRAR 25b. RE | |
| (VR A 15 (4)) | H | | | 4107 Wilkens Ave. | OCT 22 1986 | |

00-212-00

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00-21878 CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH 3:40p October 19, 1986 (TYPE OR PRINTS The Ima SCURTO Elizabeth 3 SEX 4 RACE 5. DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS Female White Sept. 13 1923 63 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED Baltimore County Maryland WIDOWED [DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Rossville Franklin Square Hospital Housewife 1136 COUNTY 13c. CITY OR TOWN 113d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Balto Md NO TX * 356 Stillwater Rd. 21221 Essex 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST FIRST Marshal George Emilv Jones 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) LIE YES GIVE WAR OR DATES! 212-20-8213 Carmelo Scurto 356StillwaterRd.2122 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cardiopulmonary Arrest, Cardiogenic Shock DUE TO OR AS A CONSEQUENCE OF Acute Myocardial Infarction Conditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse Long Standing Atherosclertic Heart Disease PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Insufficiency 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 28n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOXX NO T 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) F HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 214 INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from October 86 October 10.86 October 19 19.86 saw the deceased alive an_ and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF 10/19/86 FUNERAL of the State I PHYSICIAN DIRECTOR PHYSICIAN N PORTANT 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 9000 Franklin Square Dr. 21237 Bradley Spitz, M.D. 0 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN STATE BP Burial /22/86 Meadowridge Halethorne Balto. 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4) ConnellyFuneralHome 300MaceAve. 21221



| 0 | 0 | - | 2 | 1 | 0 | 4 | 4 | |
|---|---|---|---|---|---|---|---|--|
|---|---|---|---|---|---|---|---|--|

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR DEPARTMENT OF HEALTH AI CERTIFICATE C

7922 Wise Ave. Dundalk, MD 21222

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE S CERTIFICATE OF DEATH

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|--------|------|---|---|-------|---|
|) | 0 | 7 | 7 | 4 | 9 |
| 0 | 6.00 | | 7 | - | 0 |
| REG NO | | | | * | |

Trindson Randalle

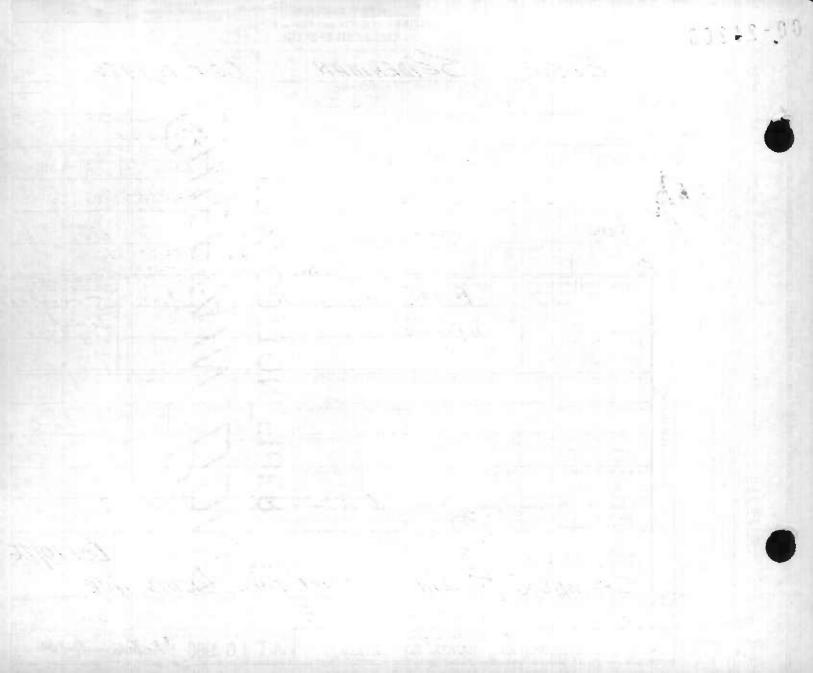
| | | | | | | | | KEG | , INO. | | | | |
|-----|---------------|---|--|---------------------|-------------------------|-----------------|---------------|-----------------------|-----------------------|------------|----------|------------|----------------|
| | | EASED NAME FIRST | A | AIDDLE | L | AST | | 20. DATE OF DEATH | MONTH | DAY | YEAR | 26 HOU | R |
| | (| Josep | h Joh | ın | Sea | abrease | | | 10 | 10 | 86 | | М |
| Н | 3. SEX | | 4. RACE | 337-1 | 5. DATE O | | | 6. AGE (IN YEARS LAST | BIRTHDAY) | IF UNDE | R I YEAR | IF UNDER | 24 HRS MIN. |
| | , | Male | Wh | ite | Sept | ember 1, | 1914 | 72 | YRS | MONINS | DATS | HOURS | MIN. |
| 1 | | THPLACE (STATE OR FOREIGN | 76 CITIZEN OF | WHAT COUN | ITRY? 8 | NEVER MAR | DIED [| 9 BALTIMORE CIT | | Y OF DE | ATH | | |
| 2 | | Maryland | U.S | .A. | WIDOWE | | RCED | Balti | more C | Count | У | | MD. |
| 1 | 0 CITY | Y OR TOWN OF DEATH | | | URSING HOME O | R OTHER INSTITU | TION | 12a USUAL OCCUP | | 12b. | KIND O | BUSINE | SSOR |
| J | 1 | Rosedale | | | Rosedal | Le 21237 | | Truck D | | , | | Mar | ckets |
| 2 | JAL Ia ST | L RESIDENCE (IF NURSING HOME OF | | GIVE RESIDENCE | | 13d INSIDE CITY | LIMITS? 1 | 13e.STREET ADDRES | S / ZIP COI | DF | | | |
| 1 | 1 | Maryland Ba | ltimore | Rose | edale | YES NO | r k | 6 Lisa | | 1237 | | | |
| 2) | FAT | HER'S NAME FIRST | MIDDLE | LAS | .1 | 15. MOTHER'S MA | | NE MIDDLE | | 67.75 | LAST | | |
| U | 1 | Harry | 7 7 40 | Seabr | cease | Emma | | | | | Roge | | |
| | | AS DECEASED EVER IN U.S. AR | MED FORCES? | 166 SOCIAL | SECURITY NO. | 17 INFORMANT | | AD | DRESS | | | | |
| | 4 | NO | | 213- | 10-2016 | Wife | 2 | 6 Lis | a Cour | | | | |
| | | 18 CAUSE OF DEATH (Enter or | ly one couse per | lyne for (a), (1 | b) gld ig | 000 | 1 | | | В | APPROXI | MATE INTER | DEATH |
| | | PART I. DEATH WAS CAUSE IMMEDIA | TE CAUSE (0) | can | arac | ovu | 00 | | | | | | |
| | | | DUE TO, O | AS A CORS | LOUEN E PF | 2011116 | Mil | U.s. h. | chois | | | | |
| | | Conditions, if any, which | 1 100 | river | pal | ryoca | age | e judgene | 1000 | | | | |
| | -31 | gave rise to immediate cause (a), stating the | DUE TO | TAS STONE | KJEKH Br | heard | 14 | inge | 1 11 | 2 | | | |
| | | underlying couse fair | 1 10_ | 11/1 | MAS | ecles | De | Wast | - OU | Ma | 1 | | |
| | | PART 2 OTHER SIGNIFICANT | would | AND THE WAY | Im P | NO WELATED TO | THE TEMAT | NAL DHE ME OR C | THE CONTRACT OF CO | INEN IN | PART No | | |
| 7 | CERTIFICATION | Na DATE OF OPERATION | 19E CONDI | TIONOOR W | HICH OPERATION | WAS PERFORM | ED | 28s AUTOPSY3 | 206. IF Y | ES, WERE | FINDIN | GS USE | 2 |
| - | E L | | | | | | | YES NO | and the second second | YES [] | Modes | NO [| |
| 7 7 | | THE ACCIDENT WAS UNDERLYING [| 4 1000 1000 100 | FINJURY M. MONTH | DAY YEAR | The HOW INJUR | Y OCCURRE | D I ENTERNATURE DE | MALES IN CRIM TH | FART LOS | Pakit.25 | | 100 |
| | CAL | TATIMA HOTAL MEDICAL EXPRIME | | W. | 19 | | | - | F- 10 | | | | |
| 9 | MEDICAL | 714 INJURY OCCURRED | 21e PLACE C | | STILL FARM STC 1 | 2H LOCATION | 100 | CUMP | rown | 10 | mire | . 3 | (4/2 |
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| H | 1 | 22s I certify the (1) this hour | toll organization | deceased f | | 7 | 000 | 10 / 10 | SUNT | 19 | - | HODA | ver) forst |
| | | chare () we) idid yild no | a view the bady. | after death. | The same of the same of | 0 | T opinian d | eath accurred on the | date and he | our and fr | on the s | avses str | Ited. |
| | | The Stocks Home | // | 0 | | DEGREE | NDING . | MEDICAL 5 | TAFF | 22 | DATE | GNED | 01 |
| | 1 | and the | Mi | an | n | PHY | SICIAN C | DIRECTOR PHY | SICIAN | 1 | 0/ | 10/ | 1,60 |
| | | 27T. PHYSICIAN'S NAME (TYPE C | | | | 22e ADDRESS | Til no m no 1 | alin Can | 0 m c T | | | | |
| | | Ernest Arr | | | | | | clin Squ | are D | T. T A | 2 | | |
| | 23a BU | JRIAL, CREMATION, REMOVAL | | 2 06 | | EMETERY OR CREA | | 23d LOCATION | | COUN | | S | TATE |
| | 24.5 | Burial | | 3-86 | | of Fait | | Baito | | | | ryla | ind |
| | 24 FUN | NERAL DIRECTOR - Ruck | Funeral | Home | f Dundal | Lk | 75a DATE | REC'D. BY REGISTR | AR 256. REGIS | STRAR'S | IGNATI | JRE | |

DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2a. DATE OF DEATH 7h HOUR 3 A. CIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS DAYS YEAR MAR.4, 1908 78 YRS BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIORE COUNTY DIVORCED 12ª USUAL OCCUPATION 12b KIND OF BUSINESS OR HOUSEWIFE HOME 13d INSIDE CITY LIMITS? 13e.STREET APPRESS ZIP CORE DR. #21208 NO 15 MOTHER'S MAIDEN NAME FIRST MIDDLE STETN RACHEL 17 INFORMANT SETDENMAN APT. 6 SIGMUND OWINGS MILLS, MD. 11 STENEMARK CT APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO I 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 211 LOCATION CITY OR TOWN COUNTY STATE and that in (my) (our) opinian death occurred on the date and hour and fram the causes stated 27c DATE SIGNED

BALTO. MD"

ATTENDING MEDICAL FUNERAL PHYSICIAN PIDIRECTOR PHYSICIAN 22e ADDRESS MPORT \$ 0 0 23a, BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE BURIAL RETSTERSTOWN OCT.10,1986 BALTIMORE HEBREW BP. 24 FUNERAL DIRECTOR BROS., INC. 25a DATE REC'D. BY REGISTRAR 25 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 REISTERSTOWN RD. BALTO MD 21215 (VRA 15, 4)



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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2715

- STATE CERTIFICATE OF DEATH REGISTRAR MIDDLE 20 DATE OF DEATH MONTH DECEASED NAME FIRST 2h HOUR MYPE OR PRINT) Mary Frances Pressprich Shaffer October 16, 1986 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 5. DATE OF BIRTH 3 SEX MONTH Female White December 14, 1925 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVERMARRIED Maryland USA Baltimore County, WIDOWED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY 10406 Greentop Road, 21030 Cockeysville Housewife Homemaker SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN Baltimore Ccokevsville 10406 Greentop Road, #21030 Maryland NOT 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Bernard Andrew Pressprich Marie Loud Anna 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 214-20-1463 Mr. J. Howard Shaffer, 10406 Greentop Rd. No Cockeysville, Maryland 21030 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY. Cancer 2 months IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY AT HOME STREET, FACTORY, OFFICE FARM ETC) CITY OR TOWN STATE WHILE NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from aug. 14 ,19 86 and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) we) (did) (did not) view the body after death 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Charles A. Padgett, M.D. Professional Office Bldg. Suite 107 5601 Loch Raven Blvd.Balto.Marvland 23e BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 10/20/86 Dulaney Valley Mem. Grdns Timonium, Balto. Co., Maryland Burial 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

Martin D. Lawson, 10 W. Padonia Road, Timonium

DHMH - 16 60M 7/84 (VRA 15, 4)

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| 0-20508 | I. DE | REGISTRAR CEASED NAME | FIRST | | MIDDLE | CENTI | LAST | REG. NO. 2a DATE OF DEATH MONTH | DAY YEAT | R 2b HOUR |
| ay be in a constant of the con | | OR PRINT) | garet | Ε. | Sh | amer | | October 8, | | 20 HOOK |
| may b page er deo | 3. SE | | | RACE | DIR | 5. DATE | OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 Y | |
| ge 4 | F | emale | | White | 2 | Dec | ember 23.1902 | 2 83 Y | RS MONTHS DA | HOURS MIN. |
| P P P P P P P P P P P P P P P P P P P | | RTHPLACE (STATE OR F | OREIGN 76 | CITIZEN OF | WHAT COUN | MARRI | D NEVER MARRIED | 9 BALTIMORE CITY OR COL | | |
| 9 64 6 | 3 | Md TY OR TOWN OF DEA | | U.S. | | WIDOW | EDX DIVORCED | Baltimore | | MD. |
| rs offer | | Towson | / | Manoi | HOSPITAL, N Chracuity, give | STREET ADDRESS) | OR OTHER INSTITUTION | 120 USUAL OCCUPATION (1 PE OF WORK FOR MOST OF WORK) HOMEMAKET | NG LIFE) 12b KIN INDUST | D OF BUSINESS OR RY |
| NND 21: | -130 9 | aryland | ME OR OT | THER INSTITUTION | Balt: | E BEFORE ADMISSION RTOWN JINOTE | 13d INSIDE CITY LIMITS? YES X NO | 218 Lorraine | Avenue | 21211 |
| BALTIMORE, MARYLAND cate be executed within 24 system and complete file opers. Page (Tone 2 resold vol. 11, the medical experiment) | 14. FA | THER'S NAME Charle | es M | yers | LAS | 51 | 15. MOTHER'S MAIDEN N. | therine Philli | ps | LAST |
| IIMORE, | 16a V | VAS DECEASED EVER | IN U.S. ARME | | | 1 9522 | Charles Myer | s 116 W. Unive | rsity | Balto.2121(|
| 201 W. PRESTON ST es, that the death certi ned by the ottending is please remove carbon unal, cremotion, ar ren v, or other traumotic ev | | Conditions, if ony, gove rise to imm cause (o), stating underlying cause | nediote g the last. | DUE TO, O (b) DUE TO, O (c) | R AS A CONS | SEQUENCE OF | I NOT RELATED TO THE TER. | winal disease or condition | I GIVEN IN PART | () io |
| RDS, | NO O | | | | 20 | 0 20 22 6 | meelie | | | |
| he low range. The low range has been to be prior to be | CERTIFICATION | 19a DATE OF OPERAT | ION | 196 COND | ITION FOR W | HICH OPERATION | ON WAS PERFORMED | | F YES, WERE FINERTIFYING CAU | |
| OF VITA ICIAN: TI 3 physici 9 physici entificate ial-tronsii ntol Hygi | | 21a ACCIDENT WAS UND OR CONTRIBUTING C | AUSE OF DEATH | 21b. TIME O HOUR A. | M. MONTE | DAY YEAR | 21c HOW INJURY OCCU | RRED (ENTER NATURE OF INJURY IN ITE | A 18 PART I OR PART | 2) |
| DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir ottending physician. ther this certificate has been sig as the burial-tronsit permit. Then th and Mental Hygiene prior to b arked or them 18 shows any injury | MEDICAL | 214 INJURY OCCURR | RED | 21e. PLACE | OF INJURY | OFFICE FARM ETC) | ZIT LOCATION STREET | CITY OR TOWN | COUNTY | STATE |
| ATTENDI or Spriol or CTOR: A I for use of Heal | | 22a I certify that (I) saw the decease abave, (I) (we) (d | | | | - / | nd that in (pa) (our) opinion | deoth occurred on the date onc | hour and from | |
| ITAL OR A PART OF THE POST OF | | 22d. PHYSICIAN'S NA | | 22 | 11 | | | MEDICAL STAFF DIRECTOR PHYSICIAN |] 22c. DA | TE SIGNED |
| TO HOSPITAL retoined by the TO FUNERAL should be detroined the Store with the Store with the Store MAPORTANT. | | Dr. Edw | in J. | | ck | | | d Street, Balt | imore, M | 1D |
| BP | В | urial, cremation, i | | 236. DATE 10/11/2 | 1986 | | co U.M. Cemeter | | | The second secon |
| DHMH - 16 60M 7/B4 (VRA 15, 4) | | urgee-Hens: | s Fune | ral Hor | ne, B | ältimore | ,MD 21211 | TE REC'D. BY REGISTRARYSY RE | Sull Waste | CO STATE |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| WH | ITE | | | 81 | YRS | ONINS DATS | HOURS MIN. |
| 76 CITIZEN OF | WHAT COUNTRY? | 8 MARRIE | D NEVER MARRIED | 9 BALTIMORE CITY | OR COUNTY | OF DEATH | |
| US. | A | | | Baltimor | e Count | V | MD |
| | | | OR OTHER INSTITUTION | 12a USUAL OCCUPA | TION | 126. KIND O | F BUSINESS OR |
| | | | spital | | | | ge Tran |
| NTY | | | 136 INSIDE CITY LIMITS? | 13e STREET ADDRESS | s / ZIP CODE | re. 212 | 19 |
| MIDDLE | IACE | | | | 1 40.5 | | |
| MIDDIE | DeFill | ips | Catherin | 1e MIDDLE | | Zang | rilli |
| | 166 SOCIAL SECU | RITY NO. | 17 INFORMANT | ADD | RESS | | |
| VE WAR ON DATES) | 141-07-3 | 3046 | Claudia R. | Conetta 30 | 15 Delm | nar Ave | . 21219 |
| nly ane cause per | line for (a), (b), and | dichi | | | | APPROXI BETWEEN C | MATE INTERVAL |
| | cardiac | Arres | + | | | | |
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| DUE TO, OI | R AS A CONSEQUE | NCE OF | | Cu | | 4 (1.7) | |
| CONDITIONS CO | ONTRIBUTING TO E | EATH BUT | NOT RELATED TO THE TERA | AINAL DISEASE OR CO | NDITION GIVE | N IN PART 1:0 | |
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| | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, | WERE FINDIN | IGS USED |
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| 110110 1 | | V VEAD | 21c HOW INJURY OCCUR | | JURY IN ITEM 18 PA | RT I OR PART 2} | |
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| ital) attended the | | rope | , 19 86 | , Octobe | er 3, | . 86 | that M (we) last |
| | | 36 | nd that in (m/c) (our) opinion | death accurred on the | date and hour | | |
| wash | | | DEGREE | | | | 4 |
| -6 | | | PHYSICIAN [| DIRECTOR PHYS | ICIAN DE | 10 | 3. 16 |
| | | | 22e ADDRESS | | | | |
| af | | | 9000 Frankl | in Square [| or., 212 | 237 | |
| | | | | 23d LOCATION | | COUNTY | المساحة |
| 10-6 | -86 Hi | ghvi | | | | | ryland |
| | ADDRES | 150 | BelAIR R 250. DAT | TE REC'D. BY REGISTRA | R 25b. REGISTR | AR'S SIGNAT | URE |
| resal Ha | m Ki | NESVI | ux, Md. 2 089 | CT 0 7 1088 | 3 Julia 1 | levidoen-1 | Jan Steller |
| | PETH SHOP A RACE WH Th CITIZEN OF US. 11. NAME OF (# NOT IN SUC FTANK ROTHER INSTITUTION, NTY CIMOTE MIDDIE RAMED FORCES? VE WAR OR DATES) DUE TO, O (b) DUE TO, O (c) CONDITIONS CC 11 ation 19b COND 21b. TIME O ATH R) P. 21c. PLACE (AI HOME SIE Ital) oftended the CAPRINT) af 23b. DATE | WHITE Th CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACTURY, GIVE STREET Franklin Squar ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NITY ISC CITY OR TOW ASST THE CAUSE (a) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E ICO CONDITIONS CONTRIBUTING TO E ICO 19 CONDITION FOR WHICH P.M. 216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FI CORPAINT) AT ADDRESS 236. NATE 10-6-86 Hi ADDRESS 1236. DATE 1236. DATE 1236. MARCONSEQUE 1236. DATE 1236. DATE 1236. DATE 1236. Hi 1236. DATE 1237. DATE 1238. DATE 1238. DATE 1238. DATE 1236. DATE 1237. DATE 1238. DATE 1238. DATE 1238. DATE 1238. DATE | Peth SHAW A RACE WHITE Th CITIZEN OF WHAT COUNTRY? WIDOW III. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Franklin Square Hose ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) MIDDIE DEFILLIPS RIMED FORCES? IG SOCIAL SECURITY NO. 141-07-3046 Inly one cause per line for (a), (b), and (c) ED BY. TE CAUSE (a) Cardiac Arres DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT III Ation I 196. CONDITION FOR WHICH OPERATION ATH HOUR A.M. MONTH DAY YEAR P.M. 19 216. PLACE OF INJURY (A) HOME SIREET, FACTORY, OFFICE FARM ETC.) OC tobe (Ital) attended the deceased from CONTRIBUTION APPRINT) AF 1236. NAME OF (C) ADDRESS 1237. NAME OF (C) ADDRESS 1238. NAME OF (C) ADDRESS 1238. NAME OF (C) ADDRESS 1238. NAME OF (C) ADDRESS 1236. NAME OF (C) ADDRESS 1237. NAME OF (C) ADDRESS 1238. NAME OF (C) 1239. NAME OF (C) 1230. NAME OF (C) 1231. N | The citizen of what country? WHITE IN OA O9 The citizen of what country? WHOWED IN DAY YEAR WIDOWED IN NEVER MARRIED WIDOWED IN NEVER MARRIED WIDOWED IN DIVORCED IN SUCH FACILITY, CIVE STREET ADDRESS) Franklin Square Hospital ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION IN SQUARE HOSPITAL ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION IN SQUARE HOSPITAL ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION IN SOUTH IN SQUARE HOSPITAL ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION IN SOUTH IN SQUARE HOSPITAL ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION IN SOUTH IN SQUARE HOSPITAL ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION IN SOUTH IN SQUARE HOSPITAL ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION IN SOUTH IN SQUARE HOSPITAL ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION IN SOUTH IN SQUARE HOSPITAL ROTHER INSTITUTION GIVE RESIDENCE BEFORE AT A SACONSE OF THE PROPERTY OF THE PROPERT | ANDDE 1AST TO COLORED AT THE MODILE TO THE FERMINAL DISEASE OR COLORED TO THE MODILE TO THE FERMINAL DISEASE OR COLORED TO THE MODILE TO THE FERMINAL DISEASE OR COLORED TO THE MODILE TO THE FERMINAL DISEASE OR COLORED TO THE MODILE TO THE M | REG. NO. October 3. 1986 REG. NO. October 3. 1986 Catale of Birth MARRIED DAY MARRIED NEVER MARRIED SHATIMORE CITY OR COUNTY. Baltimore County Baltimore City or County Baltimore County Baltimore City or County Baltimore County Ba | DETAIL OF STATE OF ST |

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STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF DEATH **ESTI** R FILES. HOURS STREET, MAT ROBERT 4. RACE DATE LAST BIRTHDAY) 3-8-24 62 YRS 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED Y NEVER MARRIED FOREIGN COUNTRY BALTIMORE WASHINGTON. DIVORCED CITY OR TOWN OF DEATH 176 KIND OF BUSINESS NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY BALTIMORE MANAGER CONSTRUCTION JOSEPH HOSPITAL 130 STATE COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS DR 20783 GEORG SARATOGA FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST LAST FIRST FIRST JOHN SHEPHERD ANNIE JONES 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) YES 579-22-1291 WW II WIFE 18 CAUSE OF DEATH (Enter only one couse per line PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE Conditions, if ony, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE lying cause last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES O NO D 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME 711. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK 220 I certify that I took charge of the remains described above, held on Autopsy Inspection EXECUTE THE CERTIFICATION PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR.
AFTER DEATH, WITH THE BALITMORE, MARYJAND Hamicide Undetermined manner 7501 York Rd., Towson, Md. 21204 EXAMINER'S NAME Charles O'Donnell, M.D. 230 BURIAL CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION BURTAL BURIAL OCT. 21, 1986 GATE OF HEAVEN CEMETERY

14 FUNERAL DIRECTOR FRANCIS J. COLLLINS, JR.

1750. DATE RI

NAME

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1750. DATE RI BP. DHMH - 17 500 UNIVERSITY BLVD. W. SILVER SPRING. (VR A15 ME (5)) 20M 4/B2

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STATE OF MARYLAND

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MARISE . THEY ST. IN. , WERENGILLE, M. SEP 30 NOR Jun Printer

BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

| | REGISTRAR | | | CERTIF | ICATE OF D | DEATH | REG. N | 10. | | |
|---------------|--|------------------------|--|-----------|---------------|-------------|------------------------------------|------------------|------------------------|---|
| | CEASED NAME FIRST | | AIDDLE | SHOR | TT | | October 2 | | DAY YEAR | 26. HOUR 3:40P |
| | | | | | | | | | | ٨ |
| 3 SE | | 4. RACE | 11 | 5. DATE C | | YEAR | 6 AGE (IN YEARS LAST BI | RIHDAY | MONTHS DA | |
| | MAle | Whit | e | 7 | 1 | 19 | 67 | YRS. | | |
| | IRTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF V | WHAT COUNTRY? | MARRIE | DE NEVER A | MARRIED - | 9. BALTIMORE CITY | | | |
| N | Maryland | U.S | | WIDOWE | | VORCED [| Baltimore | Coun | ty | MC |
| 10 C | ITY OR TOWN OF DEATH | | OSPITAL, NURSING | | OR OTHER INST | NOITUTION | 120 USUAL OCCUPAT | | | OF BUSINESS OR |
| | Balto. | | lin Squar | | sp. | | Dispatch | | | Cab |
| | AL RESIDENCE (IF NURSING HONSTATE 136 C | | GIVE RESIDENCE BEFORE A 13c. CITY OR TOWN Balto. | | 13d INSIDE C | ITY LIMITS? | 13e.STREET ADDRESS 21-A Mope | | | 21236 |
| 14. F | ATHER'S NAME FIRST | WIDDLE | LAST | | 15. MOTHER'S | S MAIDEN NA | ME MIDDLE | | | LAFY |
| | Walter | G. | Shortt | | Nel | | Middle | | Glan | ville |
| | WAS DECEASED EVER IN U.S | S. ARMED FORCES? | 166 SOCIAL SECUR | ITY NO. | 17 INFORMA | NT | ADDR | ESS | | |
| | | WII | | | Mrs. | Ruth S | Shortt - San | me as | #13 | |
| | 18 CAUSE OF DEATH (Ente | | | | | | | | APPR BETWE | OXIMATE INTERVAL EN ONSET AND DEATH |
| | PART I. DEATH WAS CA | DIATE CAUSE (D) | Cardiopuln | 10 nar | y arres | st | | | | 27.3% |
| | Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost | h (b) R | AS A CONSEQUEN | eprai | infarc | t | | | | |
| z | PART 2 OTHER SIGNIFICA | NT CONDITIONS CO | NTRIBUTING TO DE | EATH BUT | NOT RELATED | TO THE TERM | INAL DISEASE OR CON | IDITION GI | VEN IN PART | 110 |
| CERTIFICATION | 19a DATE OF OPERATION | 196 CONDIT | TION FOR WHICH C | PERATIO | N WAS PERFO | RMED | 200 AUTOPSY? | IN CERT | S, WERE FINIFYING CAUS | DINGS USED SES OF DEATH? |
| MEDICAL CER | 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O | DE DEATH HOUR A.A | M. MONTH DAY | Y YEAR | 21c. HOW IN | JURY OCCUR | RED (ENTER MITURE ON INJU | JRY IN ITEM 18 | PART 1 OR PART 2 | 2) |
| EDI | 21d INJURY OCCURRED | 21e PLACE C | OF INJURY | DAA EYC I | 211 LOCATIO | NC | CITY OR TO | OWN | COUNTY | STATE |
| Z | AT WORK NOT WHILE | | | | 1000 | | 2117 0111 | | | 37.7.1 |
| | 22a I certify that (X (this) saw the decrosed live above, (N. Kw.) (din) (d) | rospital) attended the | deceased from 0 | | | | to October death accurred on the d | 23 ate and ha | | . that NG (we) last he causes stated |
| | 226. SIGNATURE | 4 | | | DEGREE | | | | 22c DA | TESIGNED |
| | 1 | 11) | | | | PHYSICIAN [| MEDICAL STA | | 10 | 123 |
| | 224. PHYSICIAN'S NAME (| YPE OR PRINT) | 11 | | 120 ADDRES | S | | | | • |
| | DUNSV | sille 1 | UVD | | gnnn | Frank | lin Square | Drivo | 212 | 27 |

BP.

DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR

24 FUNERAL DIRECTOR Anatomy Board (VRA 15, 4)

[SPECIFY]

230 BURIAL, CREMATION, REMOVAL

Removal

ADDRESS

10-24-86

23b. DATE

Balto., Md.

23¢ NAME OF CEMETERY OR CREMATORY

236 LOCATION

STATE

COUNTY

The second into the first the

| | STATE OF MARYLAND | | | | | | | | 7 7 2 0 | |
|----------------------------|--|---------------|---|---|------------------------------|---------------------|--------------------------|---|--|----------|
| 00- | -2082 | 6 | 1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH REG. NO. | | | | | | 1130 | |
| | | | | EASED NAME FIRST | WIDDLE | 2: | AST | 20. DATE OF DEATH MONTH | DAY YEAR 26 HOUR | |
| | page 3 | | {TAPE | ORPRINTI MIL dred | IIS | hrine | 1 | 10/10/86 | 11 9 | 144 M |
| | E | | 3 SEX | | 4. RACE | 5. DATE C | OF BIRTH | 6 AGE (INTEAKS LAST RINTHEIAT) | IF UNDER 1 YEAR IF UNDER 24 H | HRS |
| - | age 4 | | 1 | -smale | White | 7/1 | 13/10 | 76 YRS | | CII4, |
| | h. P. | De la | 72 | MITLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | | | BATTIMORE CITY OR COUNTY OF DEATH | | |
| | deat funer thin 7 | 3 | | ryland TY OR TOWN OF DEATH | 45# | WIDOWE | DI DIVORCED | DALTO, C | <i>y</i> • | MD. |
| | the the | 8 | 1 | 1 (1. 1 | (IF NOT IN SUCH FACILITY, G | IVE STREET ADDRESS) | OR OTHER INSTITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING | | |
| 1201 | in by | | USU | LUSON, MOI | | CE BEFORE ADMISSION | OSPITAL | Clerk | Gas & Ele | ec |
| BALTIMORE, MARYLAND 2120 | filled mydb | 35 | 13a S | Md 136 COUN | ITY 13c. CITY | or town timore | 13d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS / ZIP CO | ood Road 21239 | , |
| RYL | rhi rely 2 si | | 11/1 | | | LAST | 15. MOTHER'S MAIDEN NA | MIDDLE | LAST | |
| × | | 10 | - | aymond E. Shrine | | | Bettie | | | |
| ORE | 2 | 10 | | | E WAR OR DATES) | AL SECURITY NO. | 17 INFORMANT | ADDRESS | | |
| MITI | | - | - | No | 212 | | Ruth Shriner | same | APPROVIAGATE INTERVAL | |
| PRESTON ST., BA | th certification and into physical page. | ofic event, 1 | | 18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE) IMMEDIAT | | ARCIA | IOMA O | F ESOPHI | APPROXIMATE INTERVAL BETWEEN ONSET AND DEA | 7rs |
| | | | | | DUE TO, OR AS A CO | NSEQUENCE OF | | | 7 | |
| REST | dea offe offe offe offe | room | 1 | Conditions, if any, which gave rise to immediate | (b) | | | | | |
| ×. | y the | other | | cause (a), stating the underlying cause last | DUE TO, OR AS A CO | NSEQUENCE OF | | | | |
| 201 | ed b | 0 0 | | | (c) | | | | | |
| | sign sign to bu | ijury. | Z | PART 2 OTHER SIGNIFICANT C | ONDITIONS CONTRIBUT | ING TO DEATH BUT | NOT RELATED TO THE TERM | MINAL DISEASE OR CONDITION C | IVEN IN PART To | |
| DIVISION OF VITAL RECORDS, | law re s been srmit. I | , dany | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR | WHICH OPERATIO | N WAS PERFORMED | | 'ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? | |
| TAL 3 | The Coan. | Show | RTIF | | | | | YES NO | YES NO | |
| > | | 81 | | 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA | 110000 1100 | TH DAY YEAR | ZIC HOW INJURY OCCUR | RRED (ENTER NATURE OF INJURY IN ITEM I | 3 PART T OR PART 2) | |
| O Z | ding ding s cert burial | = 7 | EDICAL | LIF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED | P.M. 21e. PLACE OF INJURY | 19 | 211 LOCATION | | | |
| IVISIO | offend offend ter this hond | orked ar | MEI | WHILE NOT WHILE AT WORK | (AT HOME, STREET, FACTOR) | | STREET | CITY OR TOWN | COUNTY STATE | E |
| ۵ | NDIN R. Af Use o | f Hem 21 is m | | 22a.1 certify that (1) (this haspit | tal) attended the decease | 48 4 | 16 , 19 80 | 6.10-10-10 | , 19. 66, that (1) (we) | |
| | ATTE Ispito CTO If for | | | saw the deceased alive an above, (1) (we) (did) (did na | t) view the bady after deat | h. Ce | | death occurred on the date and h | our and from the causes stated | d |
| | OR A DIREC ached Dept | | - 3 | 226 SIGNATURE | Relad. | | DEGREE ATTENDING | MEDICAL _ STAFF _ | 22c DATE SIGNED | 01 |
| | PITAL by th ERAL Store | 2-1 | | 224 PHYSAMAN S NAME CITY OF | miner | m) | PHYSICIAN [| DIRECTOR PHYSICIAN | 10-100 | 0 |
| | HOS Bined FUN | MPORTANI | | AH G | HILADI | , MD. | 7600 0 | SLER DY | Touson 21 | 204 |
| | 5 g 5 g g | ≥ | 23a. B | URIAL, CREMATION, REMOVAL | 23b. DATE | | EMETERY OR CREMATORY | 23d LOCATION | COUNTY STATE | |
| | BP | - | | irial | 10/13/86 | Woodlaw | n Cemetery | WoodTawn Balto | | |
| | DHMH - 16 60M | | | NERAL DIRECTOR | 1 11 00 | DDRESS | 250. DA | | STRAR'S SIGNATURE | |
| | (VRA 15, 4) |) | BI | rgee-Henss Fund | eral Home 36. | 31 Falls | Rd 21211 UU | T 1 4 1986 | The second secon | · d |

236 DATE

STATE OF MARYLAND

22e. ADDRESS

9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY 176. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ONSTRUCTION 13e.STREET ADDRESS / ZIP CODE 613 BURRIDGE RD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NOF 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (ayr) opinion death accurred on the date and have and from the causes stated 221 DATE SIGNED MEDIC AL STAFF PHYSICIAN DIRECTOR PHYSICIAN OSVER AR 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION BY REGISTRAR 256 REGISTRAR'S SIGNAT Lita Gendanio principalità

IF UNDER TYEAR

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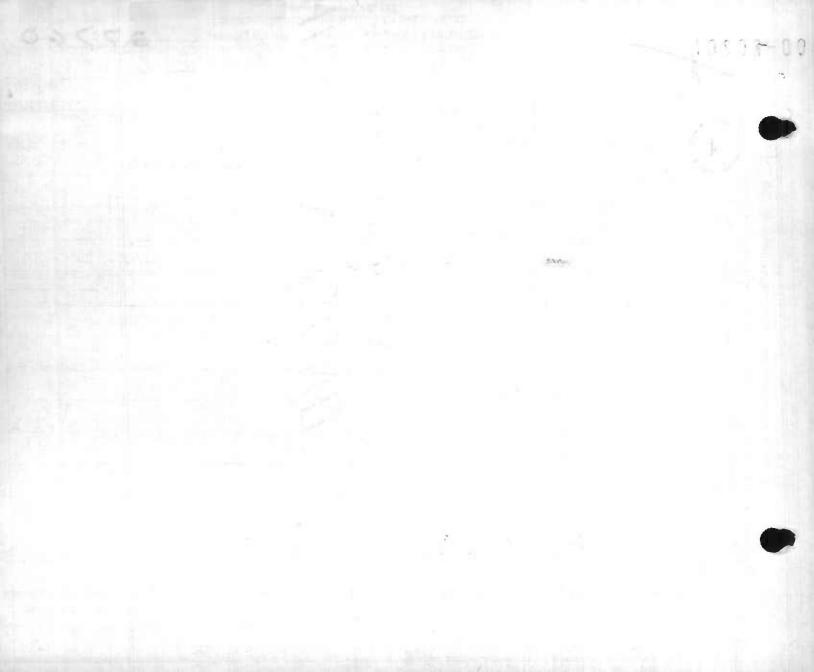
DHMH - 16 60M 7/84 (VRA 15, 4)

THE BURIAL CREMATION, REMOVAL

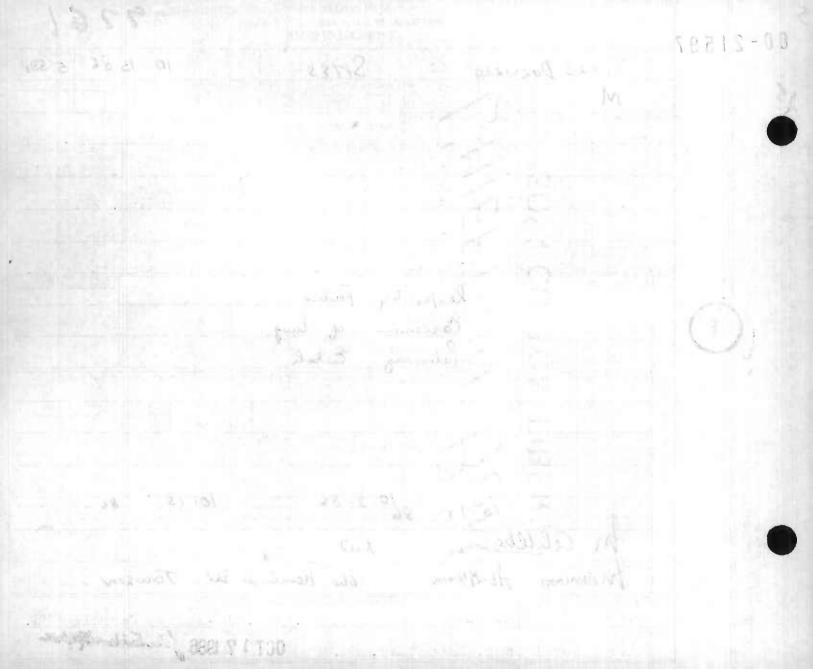
41212-30 TANK TO

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR ASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-PHILIP JONATHAN SILBERMAN 1986 19 3. SEX 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR, IF UNDER 24 HRS S. DATE OF BIRTH DAY YEAR 2c. DATE PRONOUNCED 2d. HOUR WHITE MAY 1, 1AST BIRTHDAY) MALE DEAD 2 1986 ZA OM To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X USA MARYCAND BALTIMORE COUNTY DIVORCED WIDOWED IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS 120 USUAL OCCUPATION (TYPE OF WORK (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

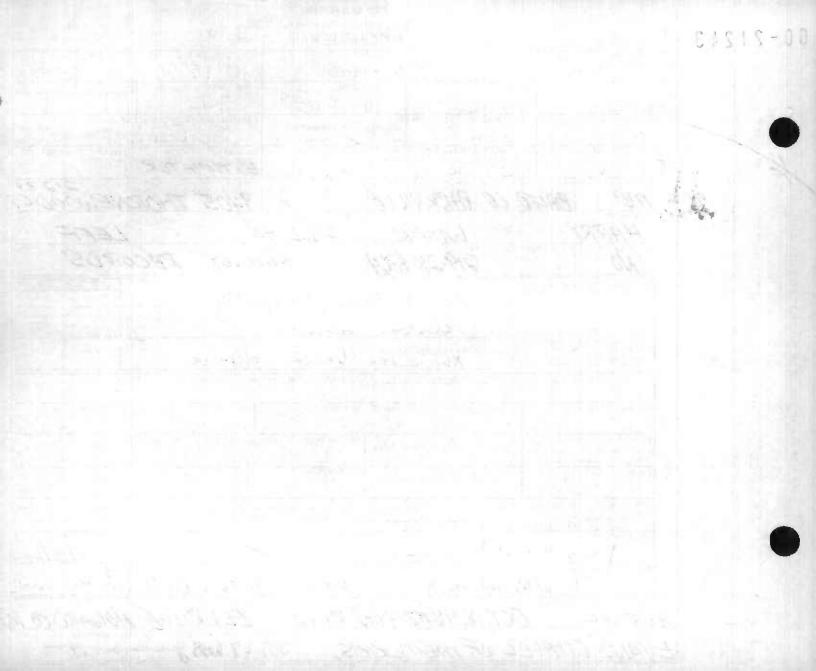
3601 ANTON FARMS RD. SELF- EMPLOYED BALTIMORE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 136 COUNTY 136 3601 ANTON FARMS RD. #21208 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? BALTIMORE BALTO. MARYLAND 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LOWITZ PEARL SILBERMAN MORRIS MR. MORRIS SILBERMAN 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 21208 3601 ANTON FARMS RD. BALTO. MD -66-5692 NO 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL-TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)_ ASCVD DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION Obesity 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHILL CHILL FUNERAL DIRECTOR: PAGE 3 SHOULD BE US AFTER DEARTHENT OF SHOULD BE US BAILTIMORE, WARYLAND, 21201 PRIOR TO BIRD. YES NO X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 22a I certify that I took charge of the remains described above, held on Inquiry X Autopsy Inspection ond in my apinian Hamicide death resulted from: Undetermined monner TITLE (SPECIFY) ACTUAL DATE 10/3/86 Deputy MEDICAL EXAMINER EXAMINER'S NAME Stanley 7. Felsenberg (TYPE OR PRINT) Chase M PADDRESS 1 1 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION CITYOR TRANDALLSTOWN OUNBALTO. STAMD BETH EL MEM. PARK 10/3/86 BURIAL BP SOL LEVINSON & BROS., INC. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH-17** 6010 REISTERSTOWN RD. BALTO.MD 21215 - 1- was sweet to a grant war on (VR A15 ME (5)) 15M 2/80



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE **CERTIFICATE OF DEATH** REGISTRAR REG. NO 20 DATE OF DEATH MONTH L DECEASED NAME 86 (TYPE OR PRINT 15 5.388 10 DURWARD A. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 4 RACE 5. DATE OF BIRTH MONTH DAY YEAR White 29 BALTIMORE CITY OR COUNTY OF DEATH 16 CITIZEN OF WHAT COUNTRY? BIRTHPLACE | STATE OR FOREIGN MARRIED NEVER MARRIED Baltimore Co. WIDOWED DIVORCED [ennsvlvania MI CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Town Rowson Joseph Hospita JOUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY 130. STATE 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Westminster Carrol Md Spruce Ave. 15. MOTHER'S MAIDEN NAME & FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE Sites Elsie unknown Albert ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT LIF YES, GIVE WAR OR DATES) IYES NO OR UNKNOWN) Mrs. Nancy Sites. Westminster Korean 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS ACONSEQUENCE OF accenera Canditions, if any, which gove rise to immediate cause (a), stating the CONSEQUENCE OF DUE TO, OR AS underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 200 AUTOPSY? 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [216. TIME OF INJURY 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 | certify that (1) (this hospital) attended the deceased fram_ 0 - 15 1986 a, and that in (my) (aur) apinian death occurred on the date and hour and from the causes stated saw The deceased alive on. (I) (we) (did) (did nat) view the bady after death DEGREE 224 DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN 22e ADDRESS Kenderth Da. Towson 660 23e BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 236. DATE I SPECIFY! Evergreen Mem. Gard Finksburg Burial 10-18-86 Carroll 250. DATE REC'D. BY REGISTRAR TO REGISTRAR'S SIGN THIRD. 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 ine Funeral Home, Hampstead, Md. (VRA 15, 4)



| | | | | | STATE OF MARYLAND | | 13 |
|------------|--|----------|--|---|---|--------------------------------------|---|
| 00- | 21243 | 1 | FOR STATE REGISTRAR | | NT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | GIENE 3 6 2. REG. NO. | 1104 |
| | oge 3 death | | DECEASED NAME FIRST | | Kelton | 10.15.86 | DAY YEAR 26 HOUR |
| 4 | oge 4 mg | 3. | remale | White | DATE OF BIRTH MONTH 12 - 7 13 YEAR | 6 AGE (IN YEARS LAST BIRTHDAY) 7 2 | |
| • | | 5 | Donniral | USA | MARRIED NEVERMARRIED NORCED | BALTIMORE CITY OR COUL | 7. |
| K | 1115 | 8 | CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCHEACHITY, GIVE STREET ADI) 0 5 Poh | HOSPITAL | 120 USUAL OCCUPATION | 12b. KIND OF BUSINESS OR INDUSTRY |
| LAND 21 | or 24 ho | 4 | STATE BALL | OTHER INSTITUTION, GIVE RESIDENCE BEFORE AD ITY. CO. 13 PARK VIII | YES NO A | 130 STREET ADDRESS / ZIP CO | ENELLOOD CT. |
| E MARY | 1030 | 0 | FATHER'S NAME HAIRY WAS DECEASED EVER IN U.S. AR. | MIDDLE WISER | 2 LILLIA | MIDDLE | LEFF |
| TIMORI | the medical | | IYES, NO GRUNNOWNI IN YES, GIV | E WAR OR DATES! 219-28-8 | 364 FA | MILY REC | COIZDS' |
| 51 BA | applying physic bandappe removal | 1 | PART I. DEATH WAS CAUSE | ly one couse per line for (a), (b), and (a) BY. E CAUSE (a) ANOX (C | encepholop | pathy | APPROXMATE INTERVAL BETWEEN ONSET AND DEATH |
| W. PRESTON | or the death of y the attending or remove con- cremation, or other troumati | | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. | DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c) | ac angst | disease | |
| 105, 201 | quires the signed to the purial. | NO | PART 2 OTHER SIGNIFICANT C | ONDITIONS CONTRIBUTING TO DEA | ATH BUT NOT RELATED TO THE TERM | | GIVEN IN PART TIO |
| AL RECO | he low in the low in t | THEATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH OF | PERATION WAS PERFORMED | 200 AUTOPSY? 20b. IF IN CER | YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc |
| OF VITA | g physics g physics erriticate (igi-tram) mail Hyg | CAL CERT | 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | | YEAR | RED (ENTER NATURE OF INJURY IN ITEM | |
| NOISION | offending of the file of the ond My | MEDI | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARA | A ETC.) 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| | CTOR. A Sfor use of Health | | sow the deceased alive on above, (1) (we) (did) (did not | ol) ollended the deceosed from | , and that in (my) (our) opinion (| , to, death occurred on the date and | , 19, that (I) (we) lost hour and from the causes stated |
| | FAL OF PAL OF CONTROL OF THE CONTROL OF T | | 226. SIGNATURE | Rodyna | | MEDICAL STAFF DIRECTOR PHYSICIAN | 10/15/H |
| | TO FUNE | | 22d. PHYSICIAN'S NAME (TYPE OF | Dyson no | 22e ADDRESS | vaharles St | Batto and |
| | BP | 12 | BURIAL, CREMATION, REMOVAL SPECIFY FUNERAL DIRECTOR | OCT. 18, 1980 ME | ME OF CEMEJERY OR CREMATORY | 23d LOCATION EUROPE | HOWARD CO. MI |
| | DHMH - 16 60M 7/84 (VRA 15, 4) | 1 | -VANS CITAL | EL of mem | 02/65, OCT | E REC'D. BY REGISTRAR 256 REG | ISTRAR'S SIGNATURE |



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STATE OF MARYLAND

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Plaintent Co. Line

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FOR STATE REGISTRAR

| STATE OF MARYLAND | |
|---|--|
| DEPARTMENT OF HEALTH AND MENTAL HYGIENE | |
| | |

CERTIFICATE OF DEATH

2716

250 DATE REC'D. BY REGISTRAR 254 REGISTRAR'S SIGNATURE

| | | CEASED NAME | FIRST | | MIDDLE | | AST | 2a DA | TE OF DEATH | MONTH | DAY | YEAR | 26 HO | JR |
|----|---------------|---|-------------|--------------------------------|--|------------------------|------------------------------------|--------------|---|--------------|----------|------|----------------|----------|
| 15 | (TYPE | ORPRINT) 1+e | len | + | f Slembecker | | | | 0.26 | . 50 | | | 10 | SAM |
| | 1. 56) | X | | 4 RACE | | S. DATE C | | 6 AGE | (IN YEARS LAST BI | RTHDAY) | IF UNDE | | IF UNDER | R 24 HRS |
| | | emale | | Whit | 0 | Month | -14°. 09° | | 77 | YRS | | DAYS | HOURS | MIN. |
| 1 | | RTHPLACE (STATE OR F | OREIGN | 76 CITIZEN OF | WHAT COUNTRY | ? 8. | D NEVER MARRIED | 9 BAL | TIMORE CITY | OR COUN | TY OF DE | ATH | | |
| 5 | | IND | | 7/2 | A | WIDOWE | DIVORCED [| | Baltiz | 100 | Count | У | | MD. |
| 8 | 3 | Towson | | (IF NOT IN SUC | HOSPITAL, NURSI HEACHLITY, GIVE STREE | | HO SPITAL | | BUAL OCCUPAT BE WORK FOR MOST Homemak | OF WORKING | | | F BUSIN | ESS OR |
| 5 | 13a. S Me | aryland | NG HOME OR | | GIVE RESIDENCE BEED 134. CITY OR TOVE Baltin | WN | 134. INSIDE CITY LIMITS? YES AO | 13e STI | REET ADDRESS 4227 LO | zip co | aven | Blv | 21 d. | 218 |
| 5 | I4 FA | ATHER'S NAME FIRST | | MIDDLE | Marratur | 124 | 15 MOTHER'S MAIDEN N | | WIDDLE | | Wa | hrn | 1 | |
| 4 | | August | | J. | Novotny | | | | | 11 C | | | | |
| 2 | | VAS DECEASED EVER | | MED FORCES? E WAR OR DATES) | 16b SOCIAL SEC | | 17. INFORMANT | 21 | ADDR | | 0001 | | 1237 | A |
| 3 | | No | | | 214-24-6 | 0222 | George L. | STell | becker | Jr. | | | MATE INTE | |
| | CERTIFICATION | PART 2 OTHER SIGN | ansi | tusin | ~ | NOT RELATED TO THE TER | | SEASE OR CON | res, were | N IN PART TO | | | | |
| < | TIE | | | 1 | | | | YES | O NOT | - | YES 🗌 | | NO | |
| 1 | MEDICAL CER | 21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI | CALEXAMINER | | M. MONTH E M. | DAY YEAR | 21c. HOW INJURY OCCU | URRED (EN | | | | | | |
| | ME | WHILE NOT WH | RK | (AT HOME STR | EET, FACTORY OFFICE. | , FARM, ETC) | STREET | | CITY OR TO | , NW | COL | MIA | | STATE |
| | | 22a. certify that (1) sow the decease obove (1) Live) (6 | | 10 100 | 101 | , or | nd that in (our) opinio | on death o | ccurred on the d | late and h | . 19 | | tho (II) | |
| | | 22b. SIGNATURE | 21 | 5 | | | DEGREE ATTENDING PHYSICIAN | | STA | | 220 | DATE | SIGNED 26/8 | 6 |
| | | 22d. PHYSICIAN'S NA | ME (TYPE OF | RPRINT) | 1 | | 22e ADDRESS | | | | - | 1 | 7 | |
| - | | BURIAL, CREMATION, | REMOVAL | 23b DATE | 230 | NAME OF C | EMETERY OR CREMATORY | Y 23d | LOCATION | | | | | |
| | (| Buria | 1 | Oct 20 | | | od Cemetery | | CITY OR TOWN | timo | COUNT | A | | STATE |

14 FUNERAL DIRECTOR
Leonard J. Ruck, Inc. Baltimore, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

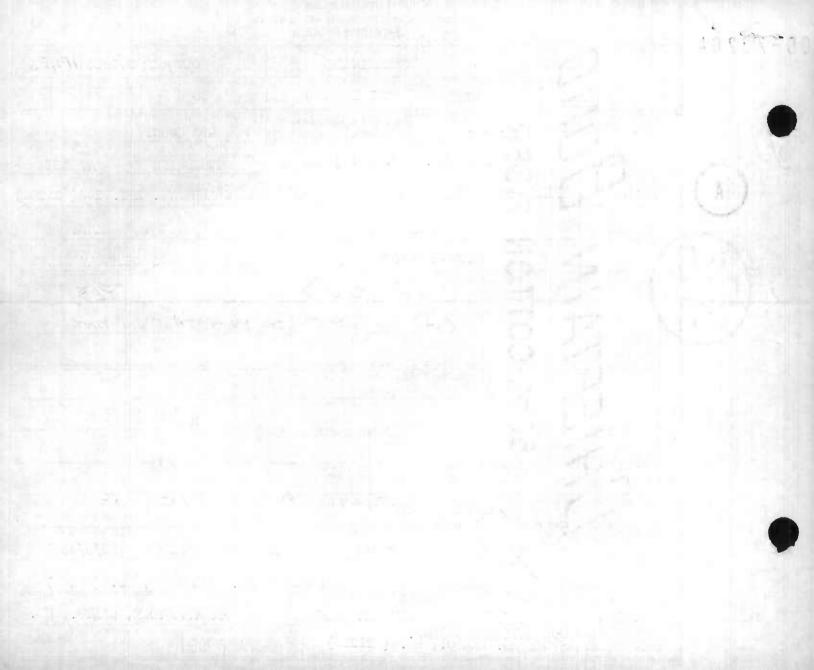
MPORTANT: If Hem 21 is marked or Item 18 shows any injury, ar other troumatic events

THE PROPERTY. word and the capture of the BEED Appellate with

Lower Co. State Line Colleges Care and Colleges Co.

| 00 | | 2 | 0 | , | 2 |
|--|---|--|--|--|--|
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 | 3 | TAI OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be | y the haspital or otherwing physician. | (AL DIRECTOR After this certificate has been signed by the attending physician and comment with the uneral director page 3 | detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 amily and 10 mily 12 hours after death 72 |
| | | AL OR A | the nask | AL DIREC | detoched ! |

| 20261 | 1. | FOR STATE REGISTRAR | | | DEPARTM | ENT OF H | OF MARYLAND EALTH AND MENT ICATE OF DEAT | | NE 8 6 | 2 | 7 / | 5 6 | |
|--|---------------|--|---------------|-------------------------------------|--------------------------------------|------------|--|------------------|--|----------------------------------|-----------------|-------------------------------------|--|
| Poge 3 | | CEASED NAME OR PRINT) | RENE | | WIDDLE | | KINSON | 2 | OC | TOBER | | 26 HOUR //-45 AM | |
| ge 4 may | 3 SE | × FEMA | | I RACE | HITE | 5. DATE C | 7 24,1900 YE | | AGE (IN YEARS LAST BIR | DNIHS DAYS | IF UNDER 24 HRS | | |
| neral dir. Paul n. 72 hou | ₹c. B | PENNSYLVA | | U.S. | A. | | NEVER MARRI | IED ' | BALTO | | | | |
| is offer | | PIKESVILLE | | Thorsta | DE AVE P | PT. | 204 (2120 | | 26 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSE | OF WORKING LIFE) | INDUSTRY | F BUSINESS OR | |
| A P P P P P P P P P P P P P P P P P P P | 130 | | | IMORE | PIKESVII | | 13d INSIDECTTY LY | | 3 SIREET ADDRESS | AVE. A | PT. 20 | 4(21208) | |
| ded with | 1 | ATHER'S NAME FIRST HEYMAN | | NIDDLE | KATZ | | 15 MOTHER'S MAIL | NETT | CIE MIDDLE | | KAT | r̈́Ζ | |
| be execu | | NAS DECEASED EVER I YES, NO OR UNKNOWN) NO | | WAR OR DATES) | 220 - 44 - | | MR. ROBE | ERT SM | ADDR MELKINSON | | | | |
| g physici g physici cemoval: event, th | | 18 CAUSE OF DEATH PART I. DEATH WA | AS CAUSED | y one couse per BY: CAUSE (o) | line for (a), (b), and | AS | CUD | | | | BETWEEN C | MATE INTERVAL ONSET AND DEATH | |
| by the attendir by the attendir se remove carl cremation, ar ather froumatia | V | Conditions, if ony, gave rise to imm couse (0), stofing underlying couse | ediate the |) | R AS A CONSEQUE | | BREAST | WITH | METAST | ASES | MI | 771.5 | |
| quires the signed by then plea ta buriol, njury, ar o | NO. | PART 2 OTHER SIGN | IFICANT CO | ONDITIONS CO | ONTRIBUTING TO E | EATH BUT | NOT RELATED TO TH | HE TERMIN | IAL DISEASE OR CON | IDITION GIVE | N IN PART 11 | 2 | |
| an. r permit r permit ene prior | CERTIFICATION | 190 DATE OF OPERAT | ION | 19b. CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORMED | | 204 AUTOPSY? | 206 IF YES, IN CERTIFY YES | WERE FINDIN | OF DEATH? | |
| g physici entificate rial-transi ental Hyg tem 88 sh | | 210. ACCIDENT WAS UNDI OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC | AUSE OF DEAT | HOUR A. | M. MONTH DA | Y YEAR | 21c HOW INJURY | OCCURRE | D (ENTER NATURE OF INJU | IRY IN ITEM 18 PAR | RT I OR PART 2) | | |
| attendin attendin frer this os the burn h and Me | MEDICAL | 21d INJURY OCCURR WHILE NOT WHI AT WORK AT WOR | E [| 21e PLACE (| OF INJURY REET, FACTORY OFFICE FA | ARM, ETC) | 211 LOCATION STREET | | CITY OR TO |)WN | COUNTY | STATE | |
| spiral ar CTOR A I for use of Health | | 22a.1 certify that (1) sow the decease above, (1) (we) (d | d olive on _ | 10 | 12 198 | 76 | d that in (my) (our) | opinion dec | oth occurred on the d | ote and hour | ond from the | that (I) (we) last causes stated | |
| Y the ho y the ho Ral DIRE detoched fote Dept | | 226 SIGNATURE | Ma | Mu | 1 | 77 | | DING ICIAN XX | MEDICAL STA | FF CIAN [] | 10/6 | | |
| erained by TO FUNERA should be de with the Stot | | BOF | RIS | KE | ERZNER | | | | AVE. BALTI | MORE, I | MD. (2 | 1208) | |
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| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., | he law red an. | has been t permit. T iene priarit | 7 | CERTIFICATION | DATE OF OPERA | TION | 196 COND | ITION FOR V | WHICH C | OPERATION | N WAS PERFORMED | D | 200 AUTOPSY | | 20b. IF YES, IN CERTIFY YES | WERE FIND | DINGS USEI | TH? |
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| IVISIO | affendi | s the bus and M | | WED | MILE NOT WHE | ILE 🗍 | | OF INJURY REET, FACTORY, O | OFFICE, FAR | RM ETC) | 21f LOCATION STREET | | CITY | Y OR TOW | N | COUNTY | S | STATE |
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| | R ATTEND | CTO I for | | 8 | saw the decesse above, (I) (ye) (c | d alive an | t view the body | after death. | 19_8 | , an | d that in (my) (our) | apinian de | eath accurred an | the dat | e and haur | and from th | e causes str | oted |
| | OR o | DIRE Dept Dept | | 2 | b. SIGNATURE | | | | | C | EGREE | | | | | 22c. DAT | E SIGNED | |
| | TAL y th | - 5 2 | 1 | L | Edua | do | 1. Far | ma | | | | IDING ICIAN | MEDICAL DIRECTOR PI | STAFF | AND | 10. | -4- | 16 |
| | HOSPI | should be det with the State | 1 | 22 | EDUAR | _ | P. 2 | ATU | 5- | | 7620 Y | St. v | RD. ; f. | SM | 1. J. | AL YD. | 2128 | 4 |
| | To fe | O show | | 3a BUR | MAL, CREMATION, | REMOVAL | 23b. DATE | | 23c NA | AME OF CE | METERY OR CREM | ATORY | 236 LOCATION | | | | | |
| | BP. | | 15 | | Burial | | 10/8/ | | | | / Valley | | Balto | . (| County | COUNTY | MĽ | D ^{ATE} |
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| a d | 3 SE | | 4 RACE | | ATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS |
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| de or h | | ARYLAND | U.S.F | J. WID | OWED DIVORCED | DALTIMORE | COUNTY MD. |
| 1 17 10 | 10 C | TY OR TOWN OF DEATH | 11. NAME OF HOS | PITAL, NURSING HO | ME OR OTHER INSTITUTION | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK | 126 KIND OF BUSINESS OR |
| 10 00 000 | 1 | OWSON ! | ST.Ja | SEPHI | HOSPITAL | HOWARD UNI | |
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| N 24 | 3 | PRYLAND BALT | | ARKVILLE | YES NO X | | |
| YLA Huo | 14. F/ | THER'S NAME | | 11010 | 15 MOTHER'S MAIDE | | TOTOL BILLY |
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| N at a | 160.3 | VAS DECEASED EVER IN U.S. ARA | AED EODCESS THE | SOCIAL SECURITY I | NO. 17 INFORMANT | SILS ADDRESS | DKH1784 |
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| ¥ 9/ 5% | | 10 | B | 1801,017 | 1 HAW | LY KECORDS | |
| fr, BALT | | 18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED | y one couse per line | for (01, 101, and 101.1 | 1 | 1'0 | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
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| W. PRESTON the death cr y the ottendin te remove cart cremation, or the recommentation | | gove rise to immediate couse (a), stating the | DUE TO ODAS | A CONSEQUENCE | | | |
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| DIVISION OF VITAL RECORDS, NG PHYSICIAN. The low require r attending physician. Wher this certificate has been sign as the burial-transit permit. Then th and Mental Hygiene prior to by orked or lifen 18 shown any injury | Z | | O. 15111.O. 10 <u>CO. 11</u> | MILE TO TO SEATH | DOT THO THE TO THE | TERMINAL DIGENCE ON CONDINO | VOIVELVIIVIANI III |
| ECOR re prior prior any is | AT | 190 DATE OF OPERATION | 196 CONDITIO | N FOR WHICH OPER | ATION WAS PERFORMED | 20g AUTOPSY? 20b | IF YES, WERE FINDINGS USED |
| t RE los the los the perment of the permet of the perm | CERTIFICATION | | | | | | ERTIFYING CAUSES OF DEATH? YES NO NO |
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| SICIAN TI ng physicic certificate midi-transit ental Hygis ltem 18 sh | | OR CONTRIBUTING CAUSE OF DEA | | | EAR | TENTER NATURE OF INJURY IN THE | M 18 PAKI I OK PAKI 2] |
| ON OF HYSICIA ding pl is certif burial-t Mental | 2 | (IF EITHER NOTIFY MEDICAL EXAMINER) | | | 19 | | |
| VISION Thending the but the but and M ked or ked or | MEDICAL | 21d INJURY OCCURRED | 21e PLACE OF I | NJURY FACTORY, OFFICE, FARM, ET | 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| DIVIS or offer the e as the alth and | | AT WORK NOT WHILE | | | 1 | 01163 | A'C |
| NON A A A A A A A A A A A A A A A A A A | | 22a I certify that (I) (this haspit | al) attended the de | eceosed from | 0-29,19 | 106.10-10-30 | . 19 6. that (I) (we) lost |
| Porto CTO for of th | | sow the deceased alive an above, (1) (we) (did) (did not | view the body ofte | r death. | _, and that in (my) (our) op | inion death occurred on the date and | d hour and from the couses stated |
| OR ATTE e haspito DIRECTO oched for Dept. of h | | 22b. SIGNATU | 1/1 | / | DEGREE | | 221 DATE SIGNED |
| 작후 목욕하는 | | MICO | will | in | ATTENDI PHYSICI | NG MEDICAL STAFF AN DIRECTOR PHYSICIAN | 10-50 766 |
| HOSPITAL ned by the FUNERAL old be detty the Store ORTANT: | | 224 PHYSICIAN'S NAME (TYPE | PRINT) | | 27 ADDRESS | M | 7/20 |
| O HOSPITA etained by TO FUNER should be d with the Sho | | AH, C | 34111 | AD1, | 40 1600 | 0545K B | 1. Towson |
| TO He should with IMPO | 23a I | SURIAL, CREMATION, REMOVAL | 23b. DATE | I 23r NAME | OF CEMETERY OR CREMAT | ,,, | |
| BP | 0 | SPECIFY) | 1 | 01 6 | · m - | CITY OR TOWN | COUNTY CO COLLEGE |
| Dr | 24 E | JNERAL DIRECTOR | 11301.3 | 386 GRE | 201 10001 | DATE REC'D. BX REGISTRAR 25b. RE | GISTRAB'S SIGNATURE |
| DHMH - 16 60M 7/B4 | 6 | NAME CILA OCI | -m. | ADDRESS O | ROAD | DATE REC'D. BY BE STRAR 256. RE | P . 47 1.18 |
| (VRA 15, 4) | 21 | ANS CHAPSLO | F1 15MC | ORISS HA | RFORD N | CA O | Daniel V. Kensense |

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 8 | REG. NO. | 2 | 7 | 1 | 7 | - |
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| 1 | 1 - | REGISTRAR | | | CERTIFIC | ATE OF DEA | ATH | S Q | 0. | 1 1 | 1 3 |
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| Ì | | EASED NAME FIRST | М | DDLE | LAST | 11 | | 20 DATE OF DEATH | MONTH DAY | YEAR | 26 HOUR |
| l | | Ruth | 1 | A | 21 | MITT | | | 10 al | 186 | 9:19 % |
| Ţ | 3 SEX | | 4 RACE | | 5. DATE OF | BIRTH | VEAD | 6 AGE (IN YEARS LAST BIR | THDAY) IF L | INDER I YEAR | IF UNDER 24 HRS. HOURS MIN. |
| | | Female | Wh | ite | | 28 | 18 | 6 | YRS | | |
| 4 | | RTHPLACE (STATE OR FOREIGN OUNTRY) | 76 CITIZEN OF W | HAT COUNTRY? | 8 MARRIED | NEVER MAI | RRIED - | BALTIMORE CITY | R COUNTY OF | DEATH | , |
| | Ma | ruland | US | A | WIDOWED | DIVO | RCED [| Balti | more | Cou | untly MD. |
| - | 10 CI1 | TY OR TOWN OF DEATH | | OSPITAL, NURSIN | | OTHER INSTITU | MOITU | 120 USUAL OCCUPATE | | 12b. KIND OF | F BUSINESS OR |
| 4 | DY | andalstown | Palti | nore C | HUNC | 1 sen | GLOCA | Homemake | r. | | |
| 1 | 13a S | L RESIDENCE (IF NURSING HOME OR TATE | | THE RESIDENCE BEFORE | | INSIDE CITY | LIMITS? | 13e STREET, ADDRESS | ZIP CODE | | |
| 1 | Y | ud Irut | -Imore | Randall | | - | 00 | 1324 MIC | HN R | dd | 1133 |
| 0) | 14. FA | | MIDDLE | EAST | 113 | 5. MOTHER'S M | | WIDDLE | | LAST | |
| 4 | | William | Hohn | | | | | res | | igan | |
| | | (AS DECEASED EVER IN U.S. AR | MED FORCES? E WAR OR DATES) | 16b. SOCIAL SECU | | | | rvey S. SM | | | |
| ļ | | No | | 115040 | 1330 | 9324 Mi | gan Ro | oad Randaî | lstown | | 21133 |
| 1 | | 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE | ly one couse per I | ine for (a), (b), and | lici) | | 25 | 11110 | | | MATE INTERVAL |
| ı | | | E CAUSE (0) | CARCO | INC | MA | 01- | LUNG | | 51 | MOS |
| 1 | | | DUE TO, OR | AS A CONSEQUE | | 477.0 | | Plann | 1 | | |
| | | Conditions, if any, which gove rise to immediate | (p) | ME | /BU | 4110 | TO | 1209100 | 7 | | |
| 1 | | couse (a), stating the underlying cause last | DUE TO, OR | AS A CONSEQUE | NCTOFON | ECS | arm | nons CA | 1 | | |
| ١ | | | 101 | | | | | | | | |
| ı | Z | PART 2. OTHER SIGNIFICANT C | P 1 | NTRIBUTING TO D | EATH BUT NO | OT RÉLATED TO | THE TERMIN | NAL DISEASE OR CON | DITION GIVEN | IN PART 110 | |
| - | ATIC | 19a DATE OF OPERATION | 19h CONDIT | ION FOR WHICH | OPERATION ' | WAS PERFORM | NED. | 200 AUTOPSY? | 20b IF YES, W | ERE FINDIN | GS USED |
| | CERTIFICATION | | | | | | | YES TI NOT | IN CERTIFYIN | G CAUSES | |
| E | ERT | 210 ACCIDENT WAS UNDERLYING | 21b. TIME OF | INJURY | 1 | 21c. HOW INJUI | RY OCCURRE | D (ENTER NATURE OF INJU | | | NO |
| 1 | | OR CONTRIBUTING CAUSE OF DEA | | A. MONTH DA | Y YEAR | | | | | | |
| | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED | 21e PLACE | OF INJURY | 19 | III LOCATION | | | | | |
| ı | M. | WHILE NOT WHILE AT WORK | EAT HOME STRE | ET, FACTORY, OFFICE, FA | RM, ETC) | STREET | 01 | CITY OR TO | WN | COUNTY | STATE |
| 1 | | 220.1 certify that (I) (this haspi | rol) egyptied the | deceased from_ | MH | | 19 8 6 | 10 OCT | . 19. | 86 | that (1) (we) last |
| 1 | | sow the personal live on | 1 Field the boots | 19_ | , ond | that in (my) (au | or) opinion de | eoth occurred on the de | ate and hour or | nd from the o | couses stated |
| ı | | 276 SIGNA JUAN | 1 | OPEN DESIGNA | DE | GREE | | | | 22t. DATE | SIGNED |
| ı | | The ! | nur | ~ | | | ENDING X | MEDICAL STA | | 10-4 | 1-86 |
| 1 | | THE PHYSICIAN'S NAME ITYES | 770 | | | 22e ADDRESS | - | 0 - 1 | 4.4 | <u></u> | |
| 1 | | JACK IV | 17710 | U | | 2435 | We | 15-2VET)e | THE AVI | E, BA | rt mi |
| 1 | 23a B | URIAL, CREMATION, REMOVAL | 236 DATE | 23c. N | AME OF CEA | AETERY OR CRE | MATORY | 23d LOCATION | | 1- | |
| - | 15 | Burial | 10-24-8 | | ke Vie | w Mem. | Park | Sykesvill | e Carro | 272 | MD. |
| | 24 FU | NERAL DIRECTO Loring | Byers Fi | meral Di | rector | es, Inc. | 25000 | PESONY RESSERAN | Ph AEGINTY M | | William " |
| | 8 | 728 Liberty Roa | ed Randal | Istown, | MD. 21 | 133 | 00. | 4 1 1000 | 1.12 | | A |

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24 FUNERAL DIRECTOR LOTING Byers Funeral Directors. Inc.

8728 Liberty Road Randallstown, Marviand 21133

STATE OF MARYLAND

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250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR I. DECEASED NAME 20 DATE KNOWN b. HOUF (TYPE OR PRINT) OF ESTI-DEATH MATED 3 SEX 4 RACE DATE OF BIRTH IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED DEAD MALE WHITE 72YRS JULY5 1914 TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY WIDOWED DIVORCED MARYLAND IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) RANDALLSTOWN BALTIMORE COUNTY GEN. HOSP CAR TRANSPORTER FREIGHT CO. MARYLAND 13d INSIDE CITY LIMITS? 13e STREET ADDRESS YES 8539 STEVENSWOOD RD. #21207 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLI LAST SOLOMON SNYDER FRANKEL 7. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO MRS. DOROTHY SNYDER YES, NO, OR UNKNOWN) 217-09-6557 8539 STEVENSWOOD RD. #21207 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO OR AS A CONSEQUENCE C Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? FORWARDED TO THE CHIEF TOR: PACE 3 SHOULD BE USED THE STATE DEPARTMENT OF H AND, 21201 PRIOR TO BURIAL YES [NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f LOCATION AT WORK AT NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I The Light by that I taok charge of the remains described above, held on Autopsy and in my opinion Homicide Undetermined manner ACTUAL SIGNATURE EXAMINER'S NAME TYPE OR PRINT 230.BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION BURIAL AITZ CHAIM OCT.3,1986 BALTIMORE MARYLAND 07/84 BP 25M & BROS., INC. 24. FUNERAL DIRECTOR 256 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 6010 REISTERSTOWN RD. ADD BALTO., MD (VR A15 ME (5))

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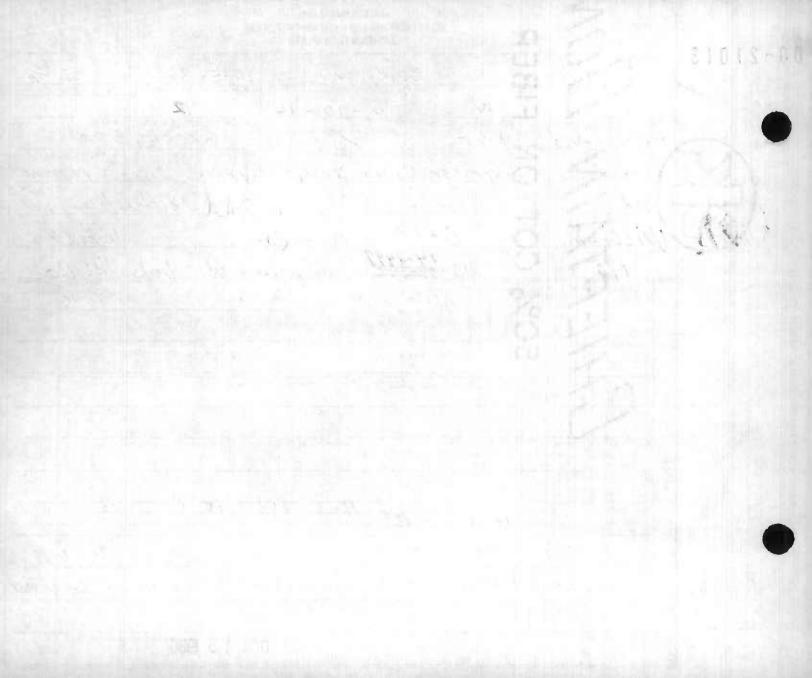
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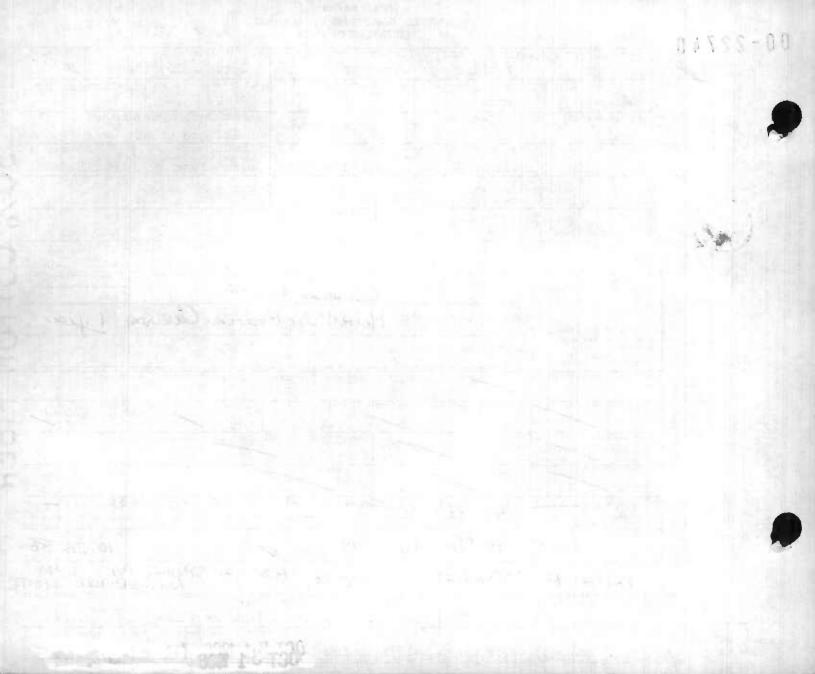
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 00-22474 REGISTRAR REG. NO 20 DATE OF DEATH MONTH 1 DECEASED NAME LIVEE OF PRINTI SAMUEL LUKE SNYDER OCTOBER 22,1986 4:30 AM 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MALE WHITE 22,1910 FEB. 76 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MARYLAND USA BALTIMORE COUNTY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR RETAIL 6505 GARDENWICK RD MERCHANT PIKESVILLE WOUAL RESIDENCE HE NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 131_CUTY OP TOWN 13d INSIDE CITY LIMITS? 6505 GARDENWICK RD. (21209) BALTO 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE MORRIS SNYDER PEARL ZWAYMAN 166 SOCIAL SECURITY NO. **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT WWITHATR 219-10-5483 CATHERINE SNYDER 6505 GARDENWICK RD. (2120) 18 CAUSE OF DEATH (Enter only one couse per lige for (a) (b), and ic: PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTHEY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF LOWN COUNTY STATE I AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) WHILE NOT WHILE 220.1 certify that (1) this haspital attended the deceased from 7-26 sow the deceased grive an 10-15-6 19 86 c . 19 _ & _ , and that in my our) opinian death accurred an the date and hour and fram the causes stated 22c DATE SIGNED DEGREE ATTENDING MEDICAL 10/22/86 PHYSICIAN TO DIRECTOR PHYSICIAN [3635 OLD COURT RD. (21208) 23a. BURIAL, CREMATION, REMOVAL 23t. NAME OF CEMETERY OR CREMATORY 23d LOCATION BURIAL 10/23/86 DULANEY VALLEY MEM. GDN TIMONIUM, BALTO", MD. BP 24 FUNERAL DIRECTOR 250, DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE UNERAL DIRECTOR SOL LEVINSON & BROS. 6010 REISTERSTOWN RD. BALTO., MD. DHMH - 16 60M 7/84 (21215)(VRA 15, 4)

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| be of the control of | | CEASED NAME FIRST RUTE | | POTHY | | OLOMON | OCTOBER 9, | | 2b. HOUR 5:30A. M |
| ctor, page s ofter dea | 3 SE | × CEMALE | 4 RACE CAUCAS | SIAN | 5. DATE C | F BIRTH 7, DAY 1915 AR | 6 AGE (IN YEARS LAST BIRT | YRS IF UNDE | ER I YEAR IF UNDER 24 HRS. DAYS HOURS MIN. |
| nerol dire | 70 B | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF W | HAT COUNTRY? | 8. MARRIEI WIDOWE | NEVER MARRIED DIVORCED | 9 BALTIMORE CITY O | | |
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| cletely TT 2 shu | 14. F/ | THER'S NAME FIRST MORRIS | WIDDLE | RUPPERT | | 15 MOTHER'S MAIDEN NAME FIRST | | | MUELS |
| A V | (| VAS DECEASED EVER IN U.S. AF | RMED FORCES? | 66 SOCIAL SECU | RITY NO. | DR. GENE SOL | | ŘK, N.Y. | 10021 |
| low requires the | CERTIFICATION | PART 2 OTHER SIGNIFICANT | | | | NOT RELATED TO THE TERM | INAL DISEASE OR CONI | 20b. IF YES, WER | PART ITO |
| ohysician Ificote ho Iransi p II Hygien I 18 show | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | | | Y YEAR | 21c HOW INJURY OCCUR | YES NO RED (ENTER NATURE OF INJUS | YES T | NO [|
| the buriol ond Ments ked or them | MEDICAL | (IFEITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE O | | 19 ARM, ETC] | 211 LOCATION STREET | CITY OR TO | wn co | DUNTY STATE |
| TOR: Aft for use as of Health 21 is mor | | 220.1 certify that (1) (this hosp | ital) attended the | 19_ | 2/1° | d that in (my) (our) opinion | to 10/8 death accurred an the do | 19_8 ate and hour and f | that (I last last last last last last last last |
| (AL DIREC detached ote Dept. | | 176 SIGNATURE Ken | redy | N) | | ATTENDING PHYSICIAN | MEDICAL STAF | F / | 16/9/86 . |
| retoined by the retoined by the TO FUNERAL should be detined the State with the State IMPORTANT: | | 22d. PHYSICIAN'S NAME (TYPE | OR PRINT) | | | 220 ADDRESS UM CC | | | 11 |
| ē ∺ | | BURIAL, CREMATION, REMOVAL | 10/10/ | 86 SHA | AREI | EMETERY OR CREMATORY TFILOH CEMETE | 1// | N XXXX X | |
| DHMH - 16 60M 7/84 (VRA 15, 4) | | UNERAL DIRECTOR SOL NAME 110 REISTERSTOW | | ADDRESS | | 0.0 | T 1 4 1986 | 25b. REGISTRAR'S | SIGNATURE |

| | 1 | | | STAT | E OF MARYLAND | | | | | |
|-----------------------------------|----------------|---|---------------------------------|--|-------------------------|------------|--------------------------|-------------------|-----------------|---------------------|
| 21042 | 1. | FOR - STATE REGISTRAR | D | | EALTH AND MENTAL | | 0 0 | 2 | 7 / | 11 |
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| 1 55 | | LORE | | Sau | RIS | | | 10/13 | -186 | 6 55 M |
| 4 949 | 3. SE | em le | 1 RACE | 5. DATE (| | R | AGE (IN YEARS LAST BIR | THDAY) IF | UNDER I YEAR | HOURS MIN. |
| 100 | 7a. B | IRTHPLACE (STATE OR FORFIGN | 76 CITIZEN OF WHAT COL | JNTRY? 8 | D NEVER MARRIED | 9 | BALTIMORE CITY C | | F DEATH | |
| 17/ | 10 | REECE | U.S.A. | WIDOW | | _ 1 | BAIto | Count | H37 | MD. |
| 11/20 | 10.C | ITY OR TOWN OF DEATH | | NURSING HOME (| OR OTHER INSTITUTION | | TYPE OF WORK FOR MOST | ON | TZE KIND OF | F BUSINESS OR |
| 1.72 | | owson | STJOSEPH | 's Hospit | al Towso | | Homemaker | | Own Ho | ome |
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| 12 /6 2 | P) E | ATHER'S NAME | MIDDLE I | AST | 15. MOTHER'S MAIDE | NNAME | MIDDIE | | LASI | |
| 部(100 | V _H | arris | | iotis | Stama | atia | MIDDIE | | Unkr | |
| D 4 00 | | WAS DECEASED EVER IN U.S. A | RMED FORCES? 16b. SOCI. | AL SECURITY NO. | 17 INFORMANT | | Wood | stock, | | 212140121 |
| 20 1 | N | | | 18-4875 | Joanne S. | Die | tz -9201 | | | Rd 2116 |
| open vol. t, th | | 18 CAUSE OF DEATH LEnter of PART I. DEATH WAS CAUS | only one cause per line for (a) | , (b), and (c).) | | - | 4 9 9 9 | | BETWEEN | MATE INTERVAL |
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| move c nation, traum | | Conditions, if any, which gave rise to immediate | in Co | Som | jobull | 4 | | | | |
| the re- | | cause (a), stating the | DUE TO, OR AS A CO | NSEQUENCE OF | 1 15 | 4 | 00 0 | | | |
| Popla | | underlying cause last. | ((2) | bostra | - wheelin | w | Blood | | | |
| signe hen p to bur jury, | z | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBUTI | NG TO DEATH BUT | NOT RELATED TO THE | TERMIN | AL DISEASE OR CON | DITION GIVE | NIN PART Ho | |
| Ty io T | CERTIFICATION | 19a. DATE OF OPERATION | 196. CONDITION FOR | WHICH OBERATIO | NI WAS BEDECORASED | | 20g AUTOPSY? | Tank IE VEC | WERE FINDIN | ICE LIEFO |
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| s certification of the Mentol | MEDICAL | (IF EITHER, NOTIFY MEDICAL EXAMIN | P.M. 21e PLACE OF INJURY | 19 | 21f. LOCATION | | | | | |
| the the | MEI | WHIE NOT WHIE | (AT HOME, STREET, FACTORY | | STREET | | CITY OR TO | WN | COUNTY | STATE |
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| OR Hee | 1 | 226.1 certify that (I) (this has | | | nd that in (my) (our) p | ninion dec | , 10 | ate and hour | and from the | that (I) we) lost |
| ECT ad for | | obove.(I) we) (did) (did n 226. SIGNATURE | ot view the body after deat | 1. | DEGREE | | an occorred on the di | are ond hour (| 22c. DATE S | |
| Och Och | Н | , | V 9-0 | | ATTENDI | ING | MEDICAL STAI | | IZZC DATE: | 12/86 |
| Store det | - | 22d. PHYSICIAN'S NAME (TYPE | OBBBINI) | H. map | PHYSICI. | IAN DE | DIRECTOR PHYSIC | IAN | 1101 | 12/00 |
| FUN Sild b | | BENJAMI | NK. YONK | off war | | Os | 10 × 5 | Dr. | 2 | 1204 |
| 5 % 3 3 | 23a | BURIAL, CREMATION, REMOVA | L 23b. DATE | 23c. NAME OF C | EMETERY OR CREMAT | ORY | 23d. LOCATION | | | |
| | Bu | rial | 10-15-86 | Gree | c Orthodox | Cem. | Balto. | | COUNTY | Md. |
| NH - 16 60M 7/84 | | UNERAL DIRECTOR | | 1050 | York Rd. 25 | | EC'D. BY REGISTRAR | 25b. REGISTRA | | URE |
| (VRA 15, 4) | Rı | ack Towson Fune | ral Home, Inc | Towson, | Md.21204 | UC. | T 1 4 1000 | | to reinterpress | Throton |





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| 2112 | 6 | FOR STATE REGISTRAR | | | | CERTIFI | CATE OF | | Ö | | | 7 | 8 0 |
| - | | | FIRST | | WIDDLE | LA | IST | | 2a DATE OF | DEATH | MONTH D | AY YEAR | 26 HOUR |
| 0.9 | | | CLAUD | E I | L | STAP | LES | | OCTOB | ER 8, | 1986 | | 7:10 AM |
| 9.0 | | 1 SEX | | 4. RACE | W. F. | | | | 6. AGE (INY | E ARS LAST BIF | | | IF UNDER 24 HRS |
| 0.00 | | MALE | | WHITE | | 04 | 30 | 1919 | 67 | | YRS | DNIHS! DAYS | HOURS MIN. |
| 40 0 | - | | FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 | □ NEVED | | 9 BALTIMO | RE CITY C | OR COUNTY | OF DEATH | |
| 12 75 | 3 | | NIA | U.S.A. | | | | | BALTI | MORE | COUNTY | | MD. |
| | 10 | 10. CITY OR TOWN OF DE | ATH | 11. NAME OF | | G HOME O | | STITUTION | 12a. USUAL | OCCUPAT | ION | 126 KIND C | OF BUSINESS OR |
| 130 | 3 | FORT HOWARI | | | | | MARY | LAND | | | OF WORKING LIFE | INDUSTRY | |
| 5 2 2 | 100 | | SING HOME OR | OTHER INSTITUTION. | GIVE RESIDENCE BEFORE | ADMISSION) | | | | | / 7ID COOK | | |
| 11/1 | 55 | MARYLAND | | | Dundal | k | YES | NO [| | | | 21 | 222 |
| 1321 | 17 | 14 FATHER'S NAME | | | | | 15. MOTHER | | | | | | |
| 14 | 36 | | | MIDDLE | LAST | | | | known | | | ŁA! | 31 |
| 0 - 1 | 1 | 160 WAS DECEASED EVE | | | 166 SOCIAL SECU | RITY NO. | 17 INFORM | ANT | | ADDR | ESS | | -/ |
| 00 9 | 1 | YES NO OR UNKNOWN) | WW I | WAR OR DATES) | 232 01 9 | 094 | CLINI | CAL REC | ORD. V | AMC. | FORT H | OWARD. | MARYLAND |
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| 1111 | | gave rise to im | imediate | 10) | | | IAIC AC | CHOLINI | | | | 3.10 | NATIO |
| 615 | | | | DUE TO, OI | R AS A CONSECUE | NCE OF | | | | | | | |
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| S PASS | | 6 | | | | | | | YES SC | NO | | | NO [] |
| Paris Cons Hyg Hyg | 1 | 71a. ACCIDENT WAS UP | | 110110 | | V VEAD | 21c. HOW I | NJURY OCCUR | RED (ENTER NA | TURE OF INJU | URY IN ITEM 18 PA | RI I OR PART 2) | |
| 1 1 1 1 | 1 | OR CONTRIBUTING | | 181 | | | | | | | | | |
| A Paris | / | 214 INJURY OCCUI | | 21e PLACE | OF INJURY | | | | 1000 | C124 OR 10 | DIME | COUNTY | STATE |
| 1 1 1 1 | | WHILE NOT V | WHILE ORK | (AT HOME STA | REET, FACTORY, OFFICE, F | ARM ETC } | SIKE | | | CITTORIC | JW14 | 00000 | JIAIL |
| 3 4 9 1 | 9 | 220.1 certify that | (this hospit | (al) ottended th | e deceased fram_ | | | | | 10- | 8-86 | 9 | that 👺 (we) fast |
| TO STORY | / | sow the deceo | sed olive on | 10-8 | Stor death | 86 , on | d that in (m) | (aur) opinian | death occurre | d an the d | late and hour | PRODUCT IN PART 110 IF YES, WERE FINDING CERTIFYING CAUSES CYES TO COUNTY COUNTY APPROXIMATE OF PART 2) IF YES, WERE FINDING CERTIFYING CAUSES CYES TO COUNTY COUNTY 272. DATE S | causes stated |
| 2 #350 | 20 | THE SIGNATURE | Old Jane | / new me body | uner death. | | | | | | | | |
| 1 211/ | 1 | 1 /ste | 1 | muan | | | | | MEDICAL | STA PHYSI | CIAN P | 10- | 8-86 |
| | The hospital or attending physicion. AL DRECTOR After this conflictor has been signed by the attending physician and consistely lilled in by the funeral director, page 3 recorded for use as the bursal pre-mat. Then please remove distancement. Pages I of No. should be filled within 72 hours after death. The Days of Health and Mentall hybers price to have severally in commonly. | the Notatival or attending physicion. 1) DRECTOR After this certificate has been signed by the attending physician and completely lilled in by the funeral director page 3 teached the use as the barriel transitioned are placed entering or temptral pages to Health and Mentel Hygiene prior to family or amedian to remark the page of Health and Mentel Hygiene prior to family or amedian to medical equipment of the page of the pages of | 2 1 2 6 - STATE REGISTRAR I. DECEASED NAME (TYPE OR PRINT) JO. BIRTHPLACE (STATE OR COUNTRY) WEST VIRGIN 10. CITY OR TOWN OF DE FORT HOWARI JOUAL RESIDENCE (IF NUM 13a. 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DHMH - 16 60M 7/B4 (VRA 15, 4)

PETER JUVAN, M.D. 23a BURIAL, CREMATION, REMOVAL

274. PHYSICIAN'S NAME (TYPE OR PRINT)

230 NAME OF CEMETERY OR CREMATORY PROCESS

22e ADDRESS

23d LOCATION

VA MEDICAL CENTER, FT. HOWARD, MD. 21052

CREMATION 24 FUNERAL DIRECTOR

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE (TYPE OR PRINT) MARIE 4 RACE 5. DATE OF BIRTH 1: SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED | Balto. Co. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION W CITY OR TOWN OF DEATH TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Towson Secretar 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? Balto. Balto. NO X IL FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE William H. Stein Mamie Kreggenwinkle 166. SOCIAL SECURITY NO. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE WAR OR DATES) Emma A. Stockhausen, Same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

NO 710 ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 22a I certify that (I) this hamiltan attended the deceased from and that in (my) (aur) opinion death occurred on the date and haur and from the causes stated

22b. SIGN HELL DEGREE 22c DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT) 92e ADDRESS

23a BURIAL, CREMATION, REMOVAL 23b. DATE 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial

Parkwood

24 FUNERAL DIRECTOR Leonard J. Rutk, Inc. 5305 Harford Rd.

10-14-86

Balto., Md. 250. DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

COUNTY

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

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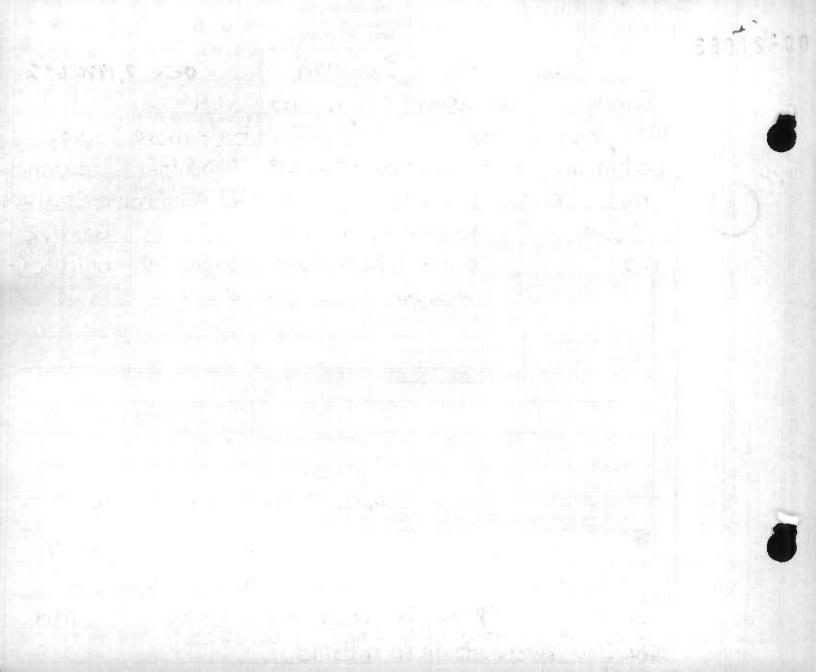
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| SALT | sicio pers pers | e . | | 18 CAUSE OF DEATH (Enter on | nly one cause per line for (a), (b), | and (c),) | | | APPROX BETWEEN | XIMATE INTERVAL |
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| 201 / | ed by please priol, cr | 5 | | | ((c) | | | | | |
| ,50 | sign sign hen to bu | ulory. | Z | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING T | O DEATH BUT NOT RELATED TO | THE TERMINAL DIS | ASE OR CONDITE | ON GIVEN IN PART 1 | 10. |
| DIVISION OF VITAL RECORDS, | 0 | - No. | CERTIFICATION | 190. DATE OF OPERATION | 196 CONDITION FOR WHI | CH OPERATION WAS PERFORM | AED 200 A | UTOPSY? 20 | b. IF YES, WERE FIND! | INGS USED |
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| O | HY: | 6 | MEDICAL | 214 INJURY OCCURRED | 218. PLACE OF INJURY | 211. LOCATION | Territoria. | CITY OR TOWN | COUNTY | STATE |
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| | P ho | E E | | 22b. SIGNATURE | Α | DEGREE | ENDING MEDIC | AL STAFF | | SIGNED |
| | TAL by the RAL Stote | ž — | | 22d PHYSICIAN'S NAME (TYPE O | April | PHY 22e ADDRESS | YSICIAN DIRECT | OR PHYSICIAN | 0 10 | 17/80 |
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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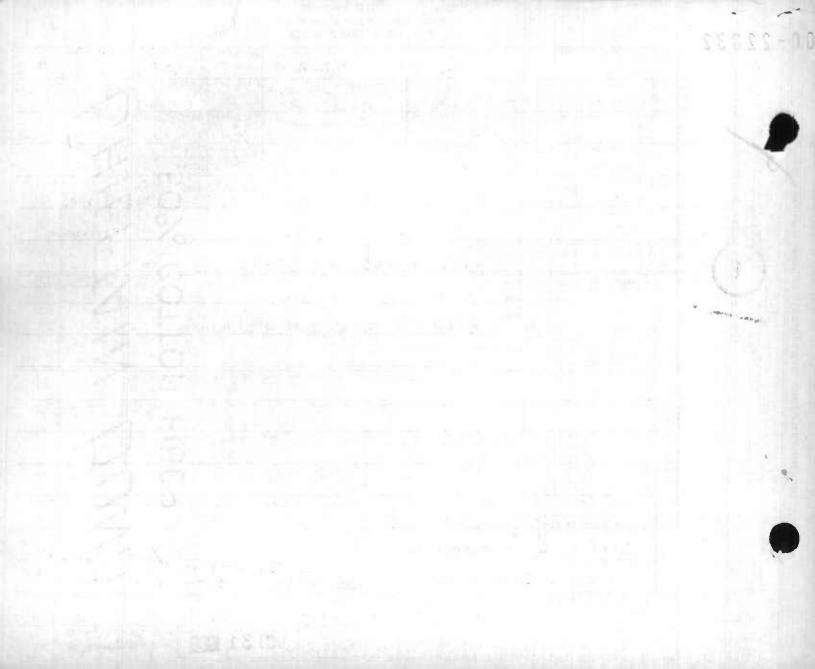
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| 3 5 | SEX 4 | RACE | 5. DATE OF | BIRTH DAY YEA | | AGE (IN YEARS LAST BIRT | HDAY} | MONTHS DAYS | IF UNDER 74 HRS |
| | FEMALE | WHITE | SEPT. | 22 18 | 78 | 108 | YRS | MOITING DATA | MIN. |
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| MEDICAL | 21d INJURY OCCURRED | 21e PLACE OF INJURY | | 211 LOCATION | ROLL | | | | |
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| 24 | CREMATION FUNERAL DIRECTOR | A OCT OF ICE | .3/0/60 | | SA DATE D | CoffCASON C | | BADIS SICALAT | 3500 |
| 24 | PONEKAL DIKECTOR | | ans. | 7-28 | DE DAIL N | REC'D. BY REGISTRAR | JB. REGIST | IKAR'S SIGNAT | UKE |

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| DHOSPITAL OR ATTENDING PHYSICIAN The low requires that the hospital or ottending physician to other diagnostics and the hospital or ottending physician. DEFINITION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 SEX FEMALE SEX POOR STEPHOLING PHYSICIAN OF CHURKAL DIAGNOSTIC STEPHOLING PHYSICIAN OF CONTRIBUTION OF CHURKAL DIAGNOSTIC STEPHOLING PHYSICIAN OF CHURKAL D | STATE REGISTRAR | | | CERTIF | ICATE OF DEATH | 86. N | .277 | 192 | |
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| AL RECOR | TIFICATIO | 19a DATE OF OPERATION | 196. COND | DITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WERE F IN CERTIFYING CA YES | FINDINGS USED AUSES OF DEATH? |
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| O HOSPI troined b O FUNE hould be with the St | ROSINA 1. DECEASED NAME FIRST (IMPEOR PRINT) ROSINA 3. SEX Female Jo. BIRTHPLACE (STATE OR FOREIGN TO COUNTRY) Md. 10. CITY OR TOWN OF DEATH Balto. USUAL RESIDENCE (JE NURSING HOME OR OTHER STATE OR FOREIGN TO COUNTY Balto MG. JA FATHER'S NAME FIRST Ignatius Zorn 1460 WAS DECEASED EVER IN U.S. ARMEI (1985, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only or PART 1. DEATH WAS CAUSED B IMMEDIATE COUSE (a), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CON 190 DATE OF OPERATION 1910 DATE OF OPERATION 1910 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH (JE EITHER, NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALWORK 210. ACCIDENT WAS UNDERLYING ALWORK 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALWORK 210. ACCIDENT WAS UNDERLYING ALWORK 210. ACCIDENT WAS | INOCH | A , M.D. | | 9000 Frank | | r., 21237 | | |
| BP | | BURIAL, CREMATION, REMOV | 23b. DATE 10/31 | /86 Sa | | emetery or crematory Heart of | Jesus or Tow Ba | alto.,Md | STATE |
| DHMH - 16 60M 7/84 (VRA 15, 4) | | | | | | | a management of | SE REGISTRAR'S SIC | |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN TO MONTH (TYPE OR PRINT) ESTI-Theodore DEATH MATED WILLIAM TAYLOR 10 1986 5 DATE OF BIRTH 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 2c DATE PRONOUNCED 4:46 P M Male White Feb. 22, 1970 16 YRS DEAD 1986 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Maryland Baltimore County WIDOWED [DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Liberty Rd. w. of Wards Chapel Rd. Pharmacist Assistant 21784 Sykesville 134 INSIDE CITY LIMITS? 13e STREET ADDRESS Carroll Maryland NO X 5804 Mineral Hill Rd. 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE AND OUR Ira Faith Robert Taylor Lutz 17. INFORMAN ADDRESS 220-94-2781 No Michael S. Taylor, Same As #13 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18.

PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W
TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT.

AFFER DEATH, WITH THE STATE DEFARTMENT OF HEALTH AND MENTAL HYGIENE, D
BALLIMORE, MARRIAAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH Chest and abdominal injuries IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ... CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR MONTH DAY YEAR UNDERLYING TO 1986 Driver of pikc-up truck/auto collision. 4:15P.M. 10-5-CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK Liberty Rd. w. of, harrisonville, Balto. road MD 224 I certify that I taak charge of the remains described above, held an Accident X death resulted from Natural causes Hamicide | Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNED 10-6-86 M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) ADDRESS 230.BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Burial 10-9-1986 Prospect Mt. Airy Frederick 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 Charles W. Burrier, Jr., Sykesville, Md. (VR A15 ME (5))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG NO LAST 20 DATE OF DEATH MONTH DAY YEAR 2h HOUR Tefft October 16. 1986 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY IF INDER I YEAR IE LINDER 2 LIE Oct. 12. 1927 TO CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore County

DIVORCEDIO WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

120 USUAL OCCUPATION Seamstress

13. STREET ADDRESS / ZIP CODE Ct.

126 KIND OF BUSINESS OR Clothing

21221

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

BUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

30. STATE 13b COUNTY 13c CITY OR TOWN 13g. STATE Essex Baltimore Maryland 4 FATHER'S NAME

MIDDLE

John

(IF YES GIVE WAR OR DATES)

Bettv

HI Serversky

16b SOCIAL SECURITY NO

Netta 17 INFORMANT

13d INSIDE CITY LIMITS?

15. MOTHER'S MAIDEN NAME

Strange Irene

ADDZ& Lerner Ct.

(YES NO OR UNKNOWN) 499 Kevin L. Ramsey, Son Balto., Md. 21236 26 7833 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)

Lou

White

USA

4 RACE

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

21h TIME OF INTURY HOUR A.M. MONTH DAY YEAR P.M. 21e PLACE OF INJURY

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 (AT HOME STREET, FACTORY, OFFICE, FARM ETC)

211 LOCATION

CITY OR TOWN

NO

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

NO F

220.1 certify that (1) (this haspital) attended the deceased from, sow the deceosed olive on.

CERTIFICATION

FOR

REGISTRAR

TO BIRTHPLACE (STATE OR FOREIGN

CITY OR TOWN OF DEATH

Ruby

Conditions, if ony, which gove rise to immediate couse (0), stating the

underlying couse last

21d INJURY OCCURRED

WHILE NOT WHILE

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Essex 21221

L DECEASED NAME

- STATE

(TYPE OR PRINT)

Female

Missouri

3 SEX

DEGREE 22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

Green Mount Cemetery

ATTENDING A _MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

221 DATE SIGNED

IN CERTIFYING CAUSES OF DEATH?

YES [

Valle, M.D. Paul 23a BURIAL, CREMATION, REMOVAL 23h DATE

1012 Old North Point Rd.

Baltimore, Maryland

STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

FUNERAL

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Cremation

24 FUNERAL DIRECTOR

20/18/86

25a DATE REC D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Funeral Home PA 1407 Old Eastern Ave OCT

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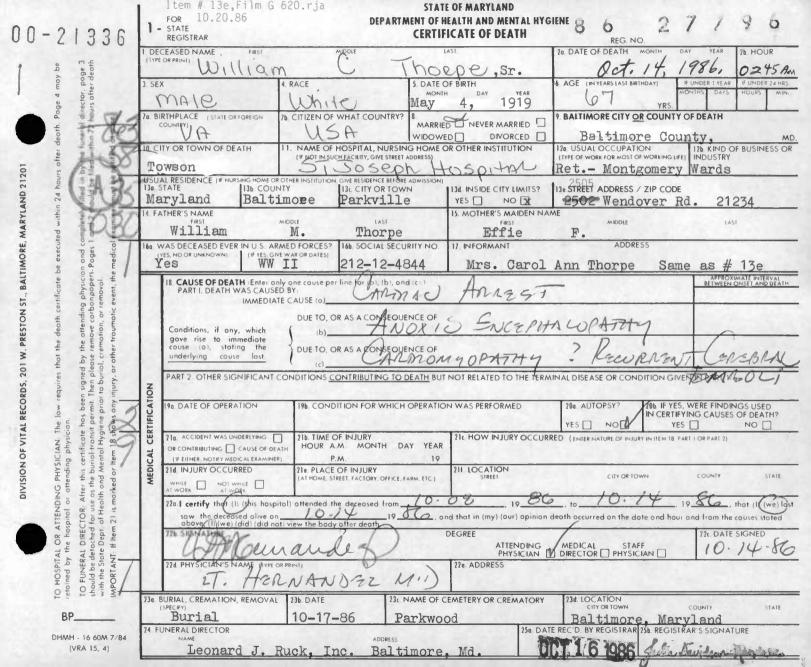
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(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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| | 1- | FOR STATE REGISTRAR | | DEPARTM | | EALTH AND MENTAL HYGI ICATE OF DEATH | 0 0 | 2 | 7 / | 9/ |
|---|---------------|--|---------------------------------|--|------------|---|---|--------------------------------------|------------------|-----------|
| | | CEASED NAME FIRST | | DDLE / | i. | AST | REG. 20 DATE OF DEATH | MONTH DA | Y YEAR 2 | HOUR -55 |
| | | | garet | 1 hornto | | | 1.105 | 10/18 | 186 | 5 PM |
| | 3 SEX | | 4 RACE | | 5. DATE C | y 6, T'906 YEAR | 6 AGE (IN YEARS LAST | | | OURS MIN. |
| | | Female | White | | Ma | y 6,1906 | 80 | YRS | S DC ATU | |
| 8 | | RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland | 76 CITIZEN OF W | HAT COUNTRY? | MARRIE | D NEVER MARRIED X | Baltimore CITY | nore (| ounty | MD. |
|) | 10 CI | TOWSON | | SPITAL, NURSING FACILITY GIVE STREET A MATIS | | CE | OCCUPATION OF THE STATE | ATION STOF WORKING (IFE) PESON | 126 KIND OF E | hing |
| 5 | 13a. S | AL RESIDENCE (IF NURSING HOME O STATE 136 COU aryland Bal | | ive residence before : 3c. CITY OR TOWN TOWSON | | 13d INSIDE CITY LIMITS? | 13e STREET ADDRES 231 E. | s/zipcode Burke A | ve. 21 | 204 |
| C | 14 FA | Patrick Thorr | MIDDLE | EAST | | 15 MOTHER'S MAIDEN NAM FIRST Katherine | e McGee | | LAST | |
| 1 | | VAS DECEASED EVER IN U.S. AF | VE WAR OR DATES) | 66 SOCIAL SECUE | | 17 INFORMANT | | Fairdel | | |
| | | No | | 214-01-34 | 414 | Rita A. McGra | ath Balti | more, M | | 06 |
| 7 | CERTIFICATION | Conditions, if ony, which gave rise to immediate cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT | DUE TO, OR (c) CONDITIONS COI | ION FOR WHICH (| ed A | | DISEASE OR CO | 20b IF YES, IN CERTIFY | WERE FINDING | |
| - | MEDICAL CER | 21a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE LIF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED | ATH HOUR A.M | . MONTH DA | YEAR 19 | 21c. HOW INJURY OCCURR | ED (ENTER NATURE OF I | NJURY IN ITEM 18 PAR | RT OR PART 2) | |
| | MED | WHILE NOT WHILE AT WORK | | | RM, ETC) | STREET | CITY OF | TOWN | COUNTY | STATE |
| | | 220 I certify that (I) (this hasp saw the deceased olive ar obave, (I) (we) (did) (did no 22b, SIGNATURE | 10113 | 19_ | | d that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN | | TAFF | | |
| / | | Eddie Nak | orprint) | | | Dulaney Va | iller Rd. | Towso | n M | d. |
| | 230 B | BURIAL, CREMATION, REMOVAL | 23b. DATE Oct. 22 | | | emetery or crematory athedral | 23d LOCATION CITY OF TOWN Baltimor | e City | COUNTY Marvla | STATE |
| | | UNERAL DIRECTOR | | | | | | | AR'S SIGNATUR | |
| | Mit | tchell-Wiedefe | d Home, | Inc. Balt | 0., M | d.21212 | 1 1008 | James . | | 2) |

DHMH - 16 60M 7/84 (VRA 15, 4)

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(VRA 15. 4)

STATE OF MARYLAND

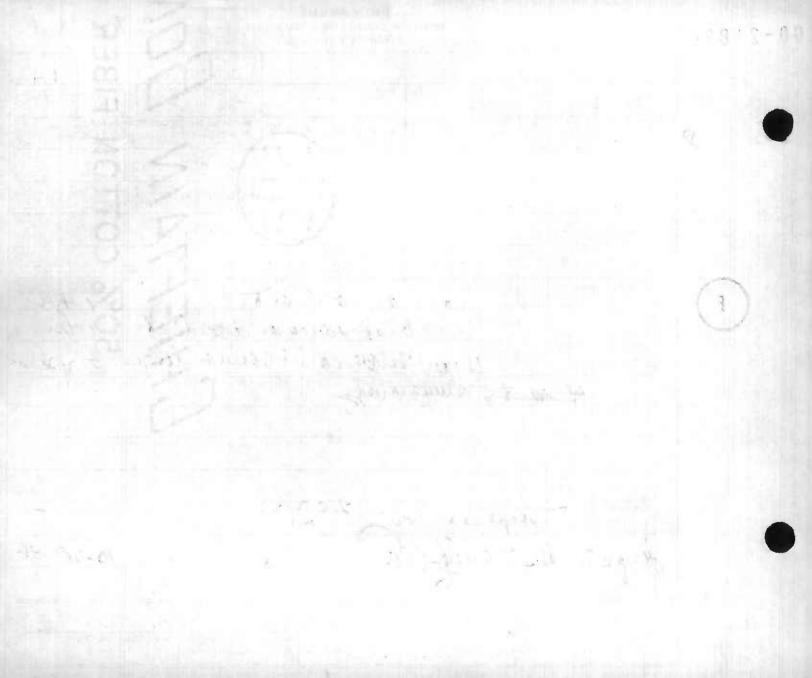
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U ICE N. ELWINER Destation of , 1898 TEL HERE in or side nci'r ann neinin e d'anni. The $\tilde{r} = \tilde{r}$ Hornot EVI ulu Inanior .To sociosi WW 11 820 1 7051 Maior . Townson La Serve

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🤼 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 28. DATE OF DEATH MONTH 10/18/86 Lillian Trabing 6 AGE (IN YEARS LAST BIRTHDAY) DATE OF BIRTH IF UNDER LYEAR 4/11/01 Female Cauc. BALTIMORE CITY OR COUNTY OF DEATH MINTHE ACL STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Md. USA Baltimore County WIDOWED DIVORCED [CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION TE KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Balto. Franklin Square Hosp. Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e.SIREET ADDRESS / ZIP CODE 1724 Hilltop Ave. 21221 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Balto. Balto. Md. FATHER'S NAME IS MOTHER'S MAIDEN NAME Rosalie Szczhowiak Joseph Jasik 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO. NO NOOR UNKNOWN) Norma Lewis, daughter, same address 213-18-75831 18 CAUSE OF DEATH (Enter only one couse per line for IoI, (b), and PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) forevor accident Conditions, if any, which gove rise to immediate & cardio vocular deved couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS OF RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART CONDITION FOR WHICH OPERATION WAS PERFORMED. 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER! P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY (AT HOME STREET FACTORY, OFFICE FARM ETC.) MINTE NOT WHILE 22a | certify that (1) (the hopping) ortended the deceased from sow the deceased alive an above. (1) (we) (did) (did not) view the body after death. and that in (my) doinion death occurred on the date and hour and from the couses stated ATTENDING MEDICAL 6615 Reisterstown Rd. Joseph R. Myerowitz, MD 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Burial 10/21/86 Baltimore National Balto., Md. 24 FUNSchrimanek Funeral Home, Inc. 254 DATE REGID BY REGISTRAR 256 REGISTRAR'S SIGNATURE

3331 Brehms Lane, Balto., Md. 21213

DHMH - 16 60M 7/84 (VRA 15, 4)



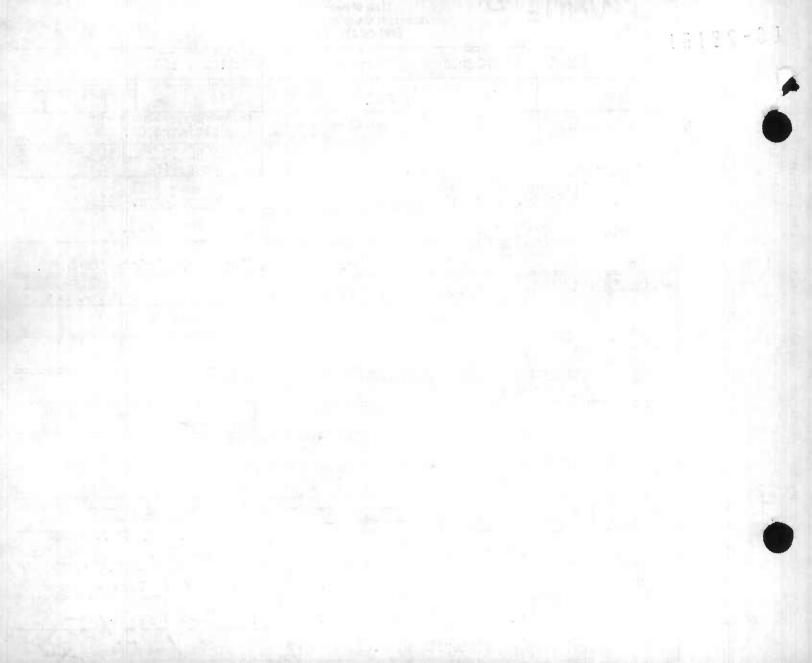
| - 7 - 4 - 4 - 4 | | | | STAT | E OF MARYLAND | | | |
|---|---------------|--|--|------------------|---|---|--|----------------------|
| 0-21750 | 1. | FOR STATE REGISTRAR | DEPARTA | | EALTH AND MENTAL HYGI ICATE OF DEATH | ENE 8 6 | 27 | 3 0 0 |
| poge 3 | (TYPE | | azy MIDDLE Edna | TR | ^{^5} Trager AGER | 10 | 10 18 8 | 6/38 M |
| ge 4 mo | 3. SE | Female | White | S. DATE C | / DIKITI | 6. AGE (IN YEARS LAST BIRT | YRS MONTHS U | AYS HOURS MIN. |
| 1 10 35 | | RTHPLACE ISTATE OR FOREIGN COUNTRY) ryland | 76 CITIZEN OF WHAT COUNTRY? USA | MARRIE WIDOWE | D NEVER MARRIED D | 9. BALTIMORE CITY OF Baltimore | County of DEATH | MD. |
| 1190 | 10 C | Parkville | 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET NSY + | ADDRESS) | or other institution ueclant Cent | 120 USUAL OCCUPATE ITYPE OF WORK FOR MOST OF | WORKING LIFE INDUST | D OF BUSINESS OR RY |
| 135 | 3a 5 | AL RESIDENCE (IE NURSING SALE) STATE ryland | GIVE RESIDENCE BEFORE | ADMISSION) | 1 . | 13e STREET ADDRESS / | | 1211 |
| (M) 100 | 14. FA | Andrew | Jackson D | ill | 15 MOTHER'S MAIDEN NAM | Margare | | ders |
| Pogg Pogg | 160 V | VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (1E YES, GIV | MED FORCES? (F WAR OR DATES) 217-01-0 | | Hazel M. Snoo | ldy, 920 Lee | 21014 | _ |
| is the death certificate by the attending physical eremove carbon paper cremation, or removal. | | PART I. DEATH WAS CAUSE | DUE TO, OR AS A CONSEQUE | erote Hyp | e cormas art | ery disease | &FTW | PROXIMATE INTERVAL |
| n. n. oo requires that no so been signed by permit. Then pleas me prior to bursol, woony injury, or o | CERTIFICATION | | CONDITIONS CONTRIBUTING TO D | | | 200 AUTOPSY? | DITION GIVEN IN PAR 200. IF YES, WERE FIN IN CERTIFYING CAU YES T | NDINGS USED |
| ING PHYSICIAN: The low require of the order | MEDICAL CERT | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- (IF EITHER NOTHY MEDICAL EXAMINE) 21d. INJURY OCCURRED | HOUR A.M. MONTH DA | 19 | 216 HOW INJURY OCCURRI | | Y IN ITEM TE PART I OR PART | 2) |
| SSPITAL OR ATTEND ed by the hospitol or UNERAL DIRECTOR: A d be detoched for use he Store Dept. of Heol RTANT: If hem 21 is m | W | | | | 19 86 Ind the in (my) (our) opinion d DEGREE ATTENDING PHYSICIAN 22e ADDRESS 8604 HARA | medical STAR | te and hour and from | , that (we) last |
| Bb | | BURIAL, CREMATION, REMOVAL SPECIFY) | 23b. DATE 23c 1 | | EMETERY OR CREMATORY Ridge Cemetery | 23d LOCATION CITY OR JOWN Baltimore | | Ma. € |
| DHMH - 16 50M 4/83 (VRA 15, 4) | | UNERAL DIRECTOR WARD K. McComas | TTT Abindon M | id. 21 | | REC'D. BY REGISTRAR | SI REGISTRAR'S SIG | |

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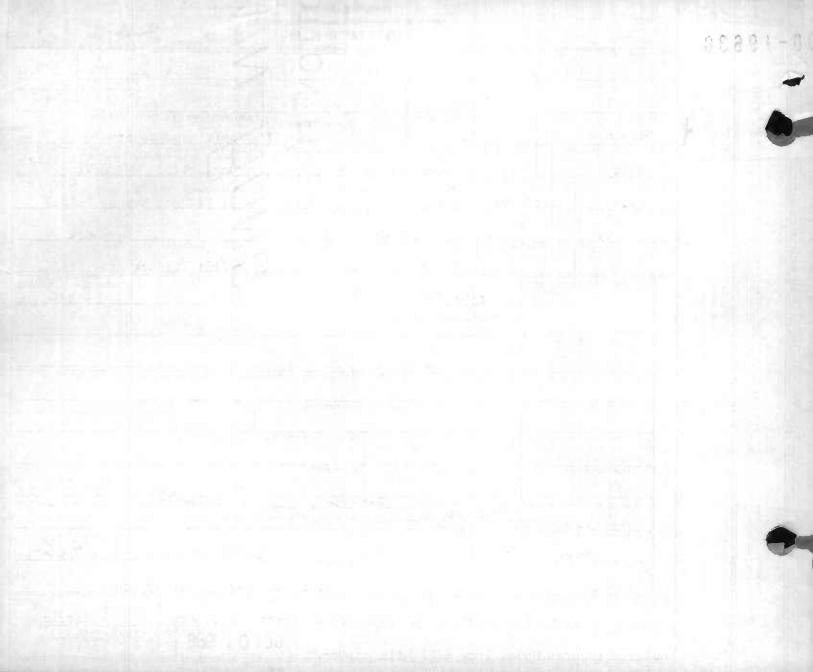
STATE OF MARYLAND

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| 0-22828 | 1 - | FOR STATE REGISTRAR | DEPART | MENT OF H | E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH | IENE & & | 27802 |
|--|---------------|---|---|----------------|---|--|---|
| y be 7 | (TYPE | | y Elisabeth | Trunk | AST | 20 DATE OF DEATH MON | . 26,1986 7:15 P |
| oge 4 mc | 3. SE | Female | White | - | | | MONTHS DAYS HOURS MIN |
| truneral d | C | New Jersey TY OR TOWN OF DEATH | 76 CITIZEN OF WHAT COUNTRY USA 11. NAME OF HOSPITAL NURSI | MARRIE | | Baltimore CITY OR C Baltimore Baltimore | e County MD. |
| 2 offer on the street of the s | B | altimore I | rilla Assumpt | a, 64 | - 4 | (TYPE OF WORK FOR MOST OF WO es Teacher | |
| LAND 21 | 13a S | TATE_ 13b. COUN | | WN | 13d INSIDE CITY LIMITS? YES NO 35 | | erles St. 21212 |
| E, MARY | | | MED FORCES? 166 SOCIAL SEC | LIDITY NO | XX Mary | MIDDLE | Schweitzer |
| be exect on and is. Pages | () | | war or dates) 216–74 | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120: NG PHYSICIAN: The low requires that the dimention be executed within 24 hours of other dimentions physician. When this centificate has been signed by the oils dimention and completely filled in by as the buriol-transit permit. Then please remonstrations discontinuously property of the please remonstration of the medical eleganger may be a filled in by an advantal Hygene prior to buriol, cremation, and member the medical eleganger may be a filled in by a content of them. | NO | Conditions, if any, which gave rise to immediate cause to stating the underlying cause last | DUE TO, OR AS A CONSEOL DUE TO, OR AS A CONSEOL CONDITIONS CONTRIBUTING TO | JENCE OF | probable is che | pundise | earl |
| Al RECOI | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHIC | H OPERATIO | N WAS PERFORMED | 200 AUTOPSY? 20 IN | No IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \) |
| ISION OF VITAL | MEDICAL CER | 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE | THOUGH A MA MONITH O | DAY YEAR 19 | 211. LOCATION STREET | RED (ENTER NATURE OF INJURY IN | ITEM 18, PART 1 OR PART 2) COUNTY STATE |
| ATTENDI opposite of the | | 27s I certify that III cha hospi | oftended the deceased from October 2691 | 86 | that in (my) our opinion of | , to <u>October</u> death accurred on the date of | 226 19.86 , that (I) cellost and hour and from the causes stated |
| TO HOSPITAL OR reformed by the ht TO FUNERAL DIRE should be detoche with the Stote Dep | | nd physician's name (Type of Dr. Lawrence | | | 22e. ADDRESS | medical staff director physician | ckeysville 21030 |
| Bb———————————————————————————————————— | | urial, cremation, removal Burial | | | EMETERY OR CREMATORY aria Cemete | | cm, Balto., Md. |
| DHMH - 16 50M 1/76 (VR A 15 (4)) | | INERAL DIRECTOR tchell-Wiedefel | d Home 6500 Yor | k Road | | REC'D, BY REGISTRAR 256. | REGISTRAR'S SIGNATURE |



| | | 6 | | | | | | | STATI | OF MARYLAND | 4 | | | | | |
|--------------------------------|--|-----------|---------------|--|-------------|----------------------|-------------------------------|------------|------------|---------------------------------------|------------|---------------------|-------------------|-----------|-----------------|----------------------------------|
| | | | 1. | FOR STATE | | | DEP | ARTMEN | IT OF H | EALTH AND MENTAL HY | GIENE | | 13 | 7 | 3 | () () |
| - | 1963 | n | i. | REGISTRAR | | | | (| ERTIF | ICATE OF DEATH | 8 | O _{REG. N} | 0. | / | (3 | 0 |
| | . 0 0 0 | U | | CEASED NAME FI | RST | | MIDDLE | | ı | AST | 2a. DATE | OF DEATH | MONTH | DAY | YEAR | 26 HOUR |
| | y be | | , , , , , | | AROLI |) | F. | | TU | IRNER | | | 9 2 | 6 | 86 | 7:35P. M |
| | mo) | 1 | 3. SE | x | 4. | RACE | | 5. | | F BIRTH | 6. AGE | IN YEARS LAST BIR | THDAY) | IF UND | ERTYEAR | IF UNDER 24 HRS |
| 28 | ector irs of | 0 | | Male | | Wh | ite | | MONTH 9 | 5 34 | | 52 | YRS | MONTHS | DAYS | HOURS MIN. |
| | | 78-7 | 7a. B | RTHPLACE (STATE OR FOREI | GN 76 | CITIZEN OF | WHAT COUN | ITRY? 8 | A A DDIC | ■ NEVER MARRIED | 9. BALTIA | MORE CITY O | R COUNT | Y OF D | EATH | |
| V | death. | ال ال | | Virginia | | U.S. | | w | IDOWE | D DMORCED | Ва | altimo | re Co | unty | 7 | MD |
| | the f | 為入 | 10. C | TY OR TOWN OF DEATH | 1 | | HOSPITAL, NI | | | ROTHER INSTITUTION | 12a USUA | AL OCCUPATI | ON E WORKING I | 12b | KINDO | uality |
| 201 | file by | 1 | | Relay | | 5121 | Viaduc | t Av | enue | | Truc | ck Driv | ver. | Tr | ucki | ng |
| 212 | 4 hou | = | 13a. | AL RESIDENCE (IF NURSING) | COUNT | THER INSTITUTION | GIVE RESIDENCE | BEFORE ADA | AISSION) | 13d. INSIDE CITY LIMITS? | 112- STREE | T ADDRESS | / 7ID COL | | | Carrier |
| Q N | Ø = 9 | CIB | N | | | more | Rela | | | YES NO X | | l Viadu | | | 10 2 | 21227 |
| ZXI. | thin 2 sh | In | 14. F/ | THER'S NAME | | DDIE | LAS | | | 15 MOTHER'S MAIDEN NA | | | -00 | VOIL | | |
| ¥ W | complete | | | Harry | MI | M. | LAS | Tur | ner | Emma | | WIDDLE | | | Bui | |
| E, | S S | | | VAS DECEASED EVER IN L | | ED FORCES? | 166 SOCIAL | | | 17 INFORMANT | 730 | ADDRE | SS | | bul | K |
| ¥ | o pud o | medico | (| res, no or unknown) (if | YES, GIVE V | VAR OR DATES) | 219-2 | 9 65 | 56 | Dajou M. Tur | | 5121 174 | | 4 A. | | 21227 |
| BALTIMORE, MARYLAND 21 | ficote be physicion popers. F novol. | 0 | | | | | | | | Daisy M. Tu | ther . | DIZI VI | aduc | L AV | APPROX | MATE INTERVAL ONSET AND DEATH |
| an . | th certificate by adding physicial corbon papers. | event, th | | 18 CAUSE OF DEATH (E PART). DEATH WAS | CAUSED | one couse per BY: | | | | engine man | - 1. | | | - | BETWEEN | DNSET AND DEATH |
| ST | ng b | | | IMA | MEDIATE | CAUSE (o) | 10n-S. | 46/1 c | E11 (| wich homa of | Jul. | ng | | | - | 415 |
| 0 | th or ndir | of | | | | DUE TO, OF | R AS A CONS | SEQUENC | E OF | | | / | | | | 0 |
| EST | deo otte | troumatic | | Conditions, if ony, wh | ich | ((b) | | | | | | | | | | |
| W. PRESTON ST | the c | rtre | | gove rise to immedi- couse (a), stating | ote |) | | | | | | | | | | |
| ≥ | by t | otho | | underlying couse le | | 1 | R AS A CONS | SECUENC | E OF | | | | | | | |
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| DS, | sign hen to bu | t ole | Z | THE STORM | ZAINI CO | NDITIONS CC | 2141KIBOTII4C | 3 TO DEA | 111 801 | NOT KETATED TO THE TERM | VINAL DISE | ASE OR CON | JIION GI | VEW IN | PART H | , |
| Š | been mit. I | 2 | CERTIFICATION | 19a DATE OF OPERATION | 1 | 196 CONDI | TION FOR W | HICH OP | FRATION | N WAS PERFORMED | 200 Al | JTOPSY? | Tank IF VE | S WED | F FINIDIN | IGS USED |
| X. | See See | : / | 띪 | | | | | | | · · · · · · · · · · · · · · · · · · · | | | IN CERT | FYING | CAUSES | OF DEATH? |
| ¥ | | 2/ | ERT | 21a ACCIDENT WAS UNDERLY | INC ET | 21b. TIME O | E INTUIDY | | | 21. 110 11 11 11 11 0 0 0 0 11 | YES [| | | ES 🗌 | | NO 🗌 |
| <u>~</u> | SICIAN: Ting physicing physiciniol-tronsite | 24 | | OR CONTRIBUTING CAUSE | | | M. MONTH | 1 DAY | YEAR | 21c. HOW INJURY OCCUR | RED (ENTER | NATURE OF INJUR | Y IN ITEM TE | PART I OF | R PART 2) | |
| 0 | ding plants of the second of t | 2/ | No. | (IF EITHER, NOTIFY MEDICALE | XAMINER) | P./ | | | 19 | | | | | | | |
| DIVISION OF VITAL RECORDS, 201 | PHYS ending this co | io B | MEDICAL | 214 INJURY OCCURRED | | 21e PLACE C | OF INJURY EET, FACTORY, OI | FEICE FARM | FIC) | 211 LOCATION STREET | MILE | CITY OR TO | WN | cc | VINUC | STATE |
| <u> </u> | NG of the on the one the on | morked | ~ | AT WORK NOT WHILE | | | | | , | | | | " | | | |
| ۵ | 00 00 | e e | 0 | 22a I certify that (I) (the | hospital | ottended the | e deceosed fi | rom | 77 | 14-862 19 | to | 9-26- | 50 | 19 | | that (I) Live Tlast |
| | Spitol CTOR Ifor of He | - 15 | | sow the deceased o obove, (I) (well-that) (| | | | 19 | , an | d that in (my) opinion | death occu | rred on the do | ate and ho | ur and f | | |
| 1 | AT AT PECT PECT PECT PECT PECT PECT PECT PEC | E | | 22b. SIGNATURE | (did not) v | view the body | ofter death. | | | DEGREE | | | | - | | |
| | OR A he ho DiRE oched | # | | IZU. SIGIVATORE | 16 4 | munti | es | | 111 | ATTENDING \ | MEDICA | AL STAF | F | 7 | DATE | SIGNED |
| | HOSPITAL ned by the FUNERAL old be dety | | | juni. | 0 10 | JAMIN. | / | | 301 | PHYSICIAN [| | OR PHYSIC | | 1 | 10 | 1/860 |
| | HOSPI HOSPI FUNE FUNE h the Si | ATA / | | 22d. PHYSICJAN'S NAME | (TYPE OR P | RINT) | | | | 22e. ADDRESS | | | | | | |
| | | MPORTAN | | Gormley | | | | | | St. Agnes | Hosp | Onco1 | ogv I | Dept | | |
| | 5 g 5 g g | 3 | 23a. E | URIAL, CREMATION, REM | OVAL | 23b. DATE | | 23c. NAM | E OF CE | METERY OR CREMATORY | | CATION | | | | |
| | BP | | | Burial | | 9/30/ | 86 | Low | don | Park Cemetery | , Roll | Itimore | | COUN | | STATE |
| | | | 24 FI | INERAL DIRECTOR | | 7/30/ | | Lou | | 25m DAT | E REC'D AV | | - | PRAR'S | | aryland |
| | DHMH - 16 60A (VRA 15, 4 | | | NAME | | | ADOR | | 212 | - 100 | TO1 | 1986° | fulla L | avido | E4 12 | |
| | (VRA 15, 4 | 7 | Hı | bbard Funera | al Ho | ome, In | c.410 | 17 Wi | lken | s Ave. | | 4 | | - | apren or to the | |



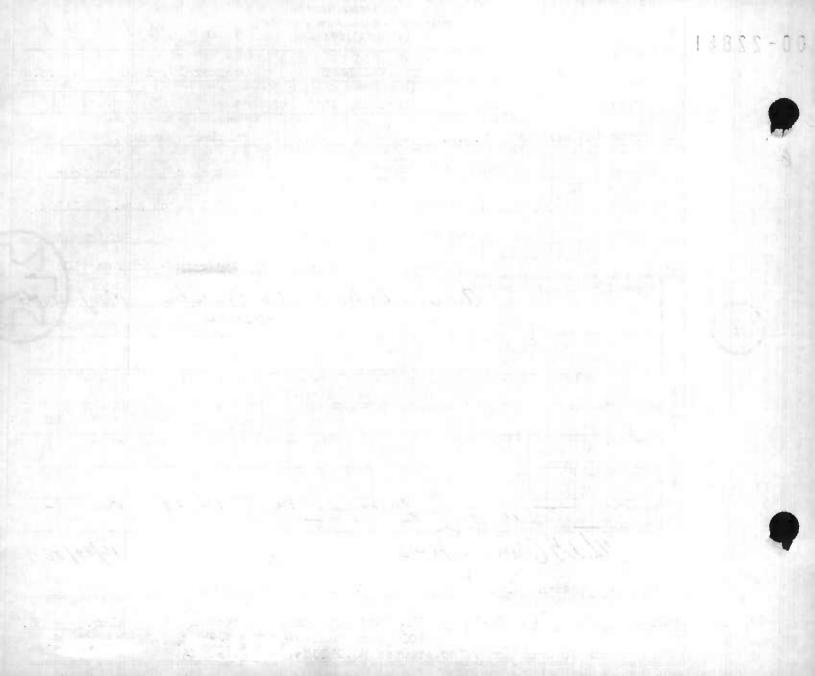
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| 20 20700 | 1 - STATE BEGISTRAR | MEDICAL EXAMINER'S CERT | | 7 0 0 3 |
| 00-22/20 | T BECEASED NAME THIST | MIDDLE LAST | 20 DATE KNOWN A | ONTH DAY YEAR 26 HOUR |
| Mange (| Shane | | DEATH MATED | 10 24 19 86 M |
| 10000000 | Mala Caucas | S. DATE OF BIRTH AND A AGE (IN YEARS IF UNDER 1 LAST BIRTHDAY) MONTHS DA | AYS HOURS MIN. PRONOUNCED | ONTH DAY YEAR 2d, HOUR |
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| 254 | Pennsylvania | U.S.A. WIDOWED | DIVORCED Baltimore C | VORK 126 KIND OF BUSINESS |
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| E SEPTION TO | dSUAL RESIDENCE (# IN MINISH CHOME O | OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) | | 1 Hamaria |
| SE SEEDEN | Pennsylvania | York Stewartstown yes | ISIDE (ITY LIMITS? 13. STREET ADDRESS NO 30 W. Pennsyly | vania Ave. |
| 9 TONE | FATHER'S NAME | ALDOUR LAST 15. MG | OTHER'S MAIDEN NAME | LAST |
| A ABARA | Robert | Seaks Tyson | Marsha Ann | Saylor |
| AN PARTY NO. | HE HO OF CHINONN (# 125, GRE | WAR OR DATES) | rsha A. Tyson ADDRESS | 17363 |
| TANK TANK | No | | W. Penna. Ave., Steen | wartstown, Pa. |
| E BOSY | PART I DEATH WAS CAUSE | ly one couse per line far (a), (b), and (c).) DBY: | | BETWEEN ONSET AND DEATH |
| S WE HOUSE BY | 28/5/ IMMEDIA | Thermal injuries Due to, or as a consequence of | | |
| PRES THIN THIN THIN ANSI NEW | Conditions, if any, which gave rise to immediate | 1 | | |
| W. WAIN | cause (a) stating the <u>under</u> - | DUE TO, OR AS A CONSEQUENCE OF | | |
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| CERTIFICATE SHOULD BE EXECUTED WITHIN, IN THE WORD "PENDING" IN PENCIL IN THE WORD "PENDING" IN PENCIL IN THE WORD "PENDING" IN PENCIL IN THE SHOULD BE USED AS A BURIAL - TRANSIT PELEPARTNEIN OF HEALTH AND MENIAL HYDER TO BURIAL, CREMATION, OR REMOVA | | CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COM | IOITION GIVEN IN PART 1 o | |
| MEDIUD BE TEALTH ORE | 190 DATE OF OPERATION 210 EXTERNAL CAUSE WAS | 196. CONDITION FOR WHICH OPERATION WAS PER | RFORMED? | 20 AUTOPSY? |
| ON OF VITAL RE IFICATE SHOULD THE WORD "PE TO THE CHIEF M HOULD BE USED. ATTMENT OF HE | IFIC | | | YES D NO |
| OF V | 210 EXTERNAL CAUSE WAS | | JURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART | |
| RTIFICATE VE THE VECTOR OF THE | UNDERLYING OR CONTRIBUTING CAUSE OF I | DEATH 11:05 10-24- 19 86 Passer | nger of auto/fixed object | t impact with |
| NA SERVICE SER | 214 INJURY OCCURRED WHILE NOT WHILE | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) STREET | supsequent exp | losion. |
| TANA WAR | AT WORK AT WORK | | d. so. of Kaufman Rd. | Balto. MD |
| A SA | 220 I certify that I toak charg | e of the remains described above, held on Autapsy 🛚 | Inspection . Inquiry . ond in | my opinion |
| A PERSONAL PROPERTY OF THE PERSONAL PROPERTY O | death resulted from Natur | ral causes Accident A. Suride | Hamicide Undetermined monner U. | |
| SECOND SECOND | ACTUAL SIGNATURE ALLEL | ers of thum h Maris | BSISTENT MEDICAL EXAMINER | DATE 10-25-86 |
| ZEX SER | | Con firmants | SSISTEINT MEDICAL EXAMINER | SIGNED |
| M S S S S S S S S S S S S S S S S S S S | (TYPE OR PRINT) Denn | is F. Smyth, M.D. ADDRE | ESS 111 Penn St., Balto., | MD 21201 |
| CU 524054 | 230. BURIAL, CREMATION, REMOVAL 2 | | CITY OR TOWN | COUNTY STATE |
| J 907/64 9 BP 7 | Burial 1 | .0/30/86 Round Hill Ce | | York, Pa. |
| DHMH - 17 | MAMP DIRECTOR | ADDRESS Stewartstown, Pa | OCT 3 1 1986 | |
| (VR A15 ME (5)) | on onhau | Julewal LSLOWII Po | 1. State De | ordern Pandage |

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| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 | O | |
| ٥ | Z | i |
| | ATTENDING PHYSICIAN: The low requires that the contribute be executed within 24 hours after death. Page 4 may be associal on otherding obvision | |
| | ATTENDING PHYSICIAN: The | 1 |
| | W 5 | |

| | | | | FOR | | | DEPAR | | E OF MARYLAND EALTH AND MENTAL HYG | SIENE . | 0 7 | 2 | 07 |
|----------------------------|-----------------------|-----------------|--------------|-------------------------------------|---|------------------|----------------------|---------------|---------------------------------------|----------------------------|----------------------|-----------------------|-------------------|
| 00 | - 22 | 841 | | - STATE REGISTRAR | | | | CERTIF | ICATE OF DEATH | 6 O REG. N | | 0 | 9 , |
| | | - | | DECEASED NAME | FIRST | ^ | AIDDLE | | AST | 20 DATE OF DEATH | MONTH DAY | YEAR | 2b. HOUR |
| | de de | deot | | | LENA | | C. | V. | AILLANT | October : | 29, 1986 | | 4 A.M.M |
| | E a | - a | 3 | SEX | 4 | RACE | | 5. DATE C | | 6. AGE (IN YEARS LAST BIR | THDAY) IF UN | DER I YEAR | IF UNDER 24 HRS |
| | ge 4 | ors of | | Female | | Whit | | - | 23, 1891 YEAR | 95 | YRS | | HOURS MIN. |
| | Po lo | 2 (2) | 7 70 | BIRTHPLACE (STATE OR | FOREIGN 7 | 6 CITIZEN OF | WHAT COUNTRY | ? 8 | D NEVER MARRIED | 9. BALTIMORE CITY O | R COUNTY OF | DEATH | |
| 1 | eurh | 27 | N | ew Brunswic | k, Cana | da (| J.S.A. | WIDOW | | D 111 | | | MD |
| 6 | er d | £ 637 | X 10 | CITY OR TOWN OF DE. | ATH 1 | | HOSPITAL, NURS | | R OTHER INSTITUTION | 120 USUAL OCCUPATI | | | BUSINESS OR |
| - 10 | o off | B /6(| 1 | Towson | 11.5 | | or Care | | n | Homemake | | obustry Own F | Iomo |
| 212 | in d | 9 a | U | UAL RESIDENCE IF NUR | SING HOME OR C | THER INSTITUTION | | | | | | OWIL | TOME |
| 2 | 24 h | B (2) | - I | e. STATE aryland | Balti | | 130 CITY OR TO | | 13d. INSIDE CITY LIMITS? YES NO 🛣 | 13e STREET ADDRESS | | | 03.004 |
| 3 | rig > | g = | | FATHER'S NAME | Darci | MOLE | TOWS | OII | 15 MOTHER'S MAIDEN NA | | oyce Ave | | 21204 |
| AR | y det | 8 | | Louis | M | IDDLE | LAST | | FIRST | MIDDLE | | LAST | |
| ₹ | oted om | 0 | - | | 10.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1. | 50 5000500 | Legere | | Mary | ADDRE | | Cobich | naud |
| 080 | ad ad | dicc | / | (YES, NO OR UNKNOWN) | | WAR OR DATES) | 166 SOCIAL SEC | URITY NO. | 17 INFORMANT | | | | |
| BALTIMOR | be on | S.P. | N | 0 | | | 019-30 | -8605 | Margaret | V. Gaudrea | u - same | | |
| BAL | ate of | an i | | 18 CAUSE OF DEAT PART I. DEATH V | H Enter only | ane cause per | line lar tal, (b), o | and ici.i | 1 | | / | APPROXIA BETWEEN O | MATE INTERVAL |
| T. | SI, | | | PARTI. DEATH V | IMMEDIATE | | arters | o sole | rope cardi | o vascul | w | Many | menth |
| Z | | | | | | DUE TO, OF | R AS A CONSEO | UENCE OF | | disease | | 0 | |
| PRESTON | 4 | Mil | | Canditians, if any | | ((b) | | | | | | | |
| 0. | 1/2 | 1 | | gave rise ta im cause (a), stati | | DUE TO OF | R AS A CONSEC | UENCE OF | | | | - 61 | |
| 3 | hot by | | | underlying cause | last | (c) | | 021102 01 | | | | | |
| . 20 | res t | buria y, ar | | | NIFICANT CO | ONDITIONS CO | NTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVEN II | V PART 11a | |
| RDS | equi | The roll | 7 | | | | | | | | | | |
| 0 | y o | prio y | 2 3 | 190 DATE OF OPERA | TION | 196. CONDI | TION FOR WHIC | H OPERATIO | N WAS PERFORMED | 20g AUTOPSY? | 206. IF YES, WE | RE FINDIN | GS USED |
| 2 | he le | ene ows | | | | 100 | | | | YES NO | YES T | CAUSES | NO |
| = | ysici T | Hygie 18 sho | 7 8 | 210. ACCIDENT WAS UN | | 216. TIME O | | | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJUI | RY IN ITEM 18 PART 1 | OR PART 2) | |
| OF. | CIA! | atoli ma | and the same | OR CONTRIBUTION | | HOUR A. | | DAY YEAR | | | | | |
| Z | ding ding | Mental Amental | | 21d. INJURY OCCUR | | 21e PLACE (| | 17 | 211. LOCATION | | | | |
| DIVISION OF VITAL RECORDS. | G Pten | the ond | 1 | WHILE NOT W | HILE | (AT HOME STR | EET, FACTORY, OFFICE | , FARM, ETC) | STREET | CITY OR TO | WN (| OUNTY | STATE |
| ā | Afte | e os mori | | 22c. I certify that (1) | | A) attended the | a document from | 10- | 20 10 86 | ta /0 - | 29 10 | 86. | hat (l) (we) last |
| | N TO O | F He | | | | | | | id that in (my) iour) apinion | , 10 | | | |
| | R ATT hospit | 10 to E | | saw the deceas abave, (I) (web) | did) (did nat) | view the bady | alter death | | DEGREE | | | 22c DATES | |
| | 0 0 0 | | | 11/1/ | 141 |) Som 0 | - F | an | ATTENDING | MEDICAL STAI | F | 10/2 | BICA |
| | HOSPITAL ned by th | 41 | 7 | 22d. PHYSICIAN'S N | 000 | | 1 | - 293 | PHYSICIAN > | DIRECTOR PHYSIC | IAN | 10/- | 1/86. |
| | ed le | d be | | / | AME (TYPE OR | PRINT) | U | | 116 ADDRESS | | | | |
| | HOUND | | | Alfred | Ossman | , M.D. | 10.00 | | 1101 St. Pa | ul Street | | 1261 | |
| | 2 2 - | N > 5 | 23 | BURIAL, CRE/AATION, | REMOVAL | 236. DATE | 230 | NAME OF C | EMETERY OR CREMATORY | 23d. LOCATION | 50 | YINL | STATE |
| | BP | | E | Burial | MALLE A | 10-31- | -86 | Mt. Ma | ria Cemetery | Towson | | alto. | Md. |
| | DHMH . I | 6 60M 7/84 | 24 | FUNERAL DIRECTOR | | | . Const. | 1050 Y | ork Road 200 | ENT O BYEIRE'S | SHREGISTRAN | SIGNAN | PRAME. |
| | | 15, 4) | | | Funer | al Home | Inc. | Towson | ,Md.21204 | a. 0 | | | at Man of |
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| 15 | 1. | FOR | DEPART | | E OF MARYLAND JEALTH AND MENTAL HYG | IENE | |
|--|---------------|--|--|-----------|-------------------------------------|---|---|
| 00-22664 | Ĺ | STATE REGISTRAR | | CERTIF | ICATE OF DEATH | REG NO. | 27800 |
| nay be page 3 | I. DE | CEASED NAME FIRST EISTE | F. NACE | Jan I | Horn | 20 DATE OF DEATH MONTH 1 O 6 AGE (IN YEARS LAST BIRTHDAY) | 20 86 545 M |
| ge 4 r | 3. 36 | Female | White | MONTH | | 85 YR | MONTHS DAYS HOURS MIN |
| decih. Po uneral dir hin 72 hou | | RTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT COUNTRY | MARRIE | D NEVER MARRIED | 9 BALTIMORE CITY OR COU | NTY OF DEATH |
| s after de by the fundiled within | 10 C | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE BLOCK CL. MER | | | 120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKIN | 126. KIND OF BUSINESS OR |
| 13 | USU 13a | AL RESIDENCE (IF NURSING HOME OF STATE 13b) COUN | ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOV | VN | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP Co | |
| W 30 | JA F. | ATHER'S NAME | MIDDLE LAST FICK | | 15 MOTHER'S MAIDEN NAV | ME MIDDLE | Hickock |
| be exeter | | VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV | MED FORCES? 16 SOCIAL SEC. 215-50- | 9439 | Ms. Phylli | address 15 S Tillinghast | 5 E. 72nd St. New York, N.Y. |
| g physici conpaper removal. | | PART I. DE ATH WAS CAUSE | ally ane couse per line far (a), (b), or D BY: TE CAUSE (b) (U+C | Curu | nan Insu | PReiency | APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH |
| is that the death of | | Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. | DUE TO, OR AS A CONSEOU DUE TO, OR AS A CONSEOU (c) | m A | rten Dre Terusis | euse | years bears |
| n. nas been signe permit. Then p ne prior to burr we any injury, o | CERTIFICATION | PART 2 OTHER SIGNIFICANT OF PUT (A) | 196 CONDITION FOR WHICH | S. C | organic B | Tan Inda 1200 AUTOPSY? 1206. IF | |
| tySiCIAN ding physics is certifics burial-tra Mental Hy | MEDICAL CER | 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED | P.M. 21e. PLACE OF INJURY | 19 | 211 LOCATION | ED (ENTER NATURE OF INJURY IN ITEM | |
| TTENDING PROPERTY OF THE NOTION OF T | W | saw, the deceased alive on | tall attended the deceased from | Ma | that in (my) (our) opinion of | to COL 20 | . 19 . that (I) (we) lost |
| by the hosp by the hosp ERAL DIREC e detached State Dept | | above (I) (we) (did) (did no 22b SIONATURE 22d. PRIVSICIAN'S NAME (TYPE O | () view the bady after death. | | ATTENDING PHYSICIAN 220 ADDRESS | MÈDICAL STAFF DIRECTOR PHYSICIAN | 176 DATE SIGNED |
| BB TO HOSS TO FUN should b with the | | URIAL, CREMATION, REMOVAL Removal | 23b. DATE 23c | NAME OF C | EMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | COUNTY STATE |

ADDRESS

Balto., Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Anatomy Board

with a feet purchase and the State

CERTIFICATION

80

IMPORTANT:

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| REGISTRAR | | CERTIFICATE OF DEATH | SEG. NO. | 1 0 | 0 1 |
|---|-------------------------------------|--|-----------------------------------|-----------------|-----------------|
| I. DECEASED NAME FIRST (TYPE OR PRINT) Virgin | ia Elizabeth Wh | iite Vassar | October 12 19 | 986 | 26 HOUR |
| 3. SEX | 4 RACE | 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR | IF UNDER 24 HRS |
| Female | Caucasian | April 22 1900 YEAR | 86 YRS | MONTHS DATS | HOURS MIN. |
| 76 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland | 76. CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED WIDOWED DIVORCED | Baltimore County | TY OF DEATH | M |
| 10 CITY OR TOWN OF DEATH | | IG HOME OR OTHER INSTITUTION | 120 USUAL OCCUPATION | | F BUSINESS OF |
| Baltimore | Augsburg Lutheran | Home , | Employee Work for MOST OF WORKING | James | Vernay Co |
| 130 STATE 136 CO | DESCRIPTION OF THE RESIDENCE BEFORE | ADMISSION) 13d INSIDE CITY LIMITS? YES IN NO REL | 13 7305 BODESSAWN CO | Rirt | 21222 |

| 1 | | IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) | 166 SOCIAL SECURITY NO. 220-18-6962 | 6811 Campfield Road | Baltimore | Marylan |
|---|---|--|-------------------------------------|---------------------|-----------|---|
| - | PART I. DE ATH W | H (Enter only one couse per /AS CAUSED BY: IMMEDIATE CAUSE (o) | C FOTIC | Aem IA | | APPROXIMATE INTERVA BETWEEN ONSET AND DE |
| | Conditions, if any, | DUE TO, O | OR AS A COMISEQUENCE OF | ^ | | |
| | gave rise to im- cause (a), statir underlying cause | | R AS A CONSEQUENCE OF | | | |

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIO EREBRAL HROMBOSIS 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED

90 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY

LAST

NOF YES [214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR

15. MOTHER'S MAIDEN NAME

Gillie M. Unknown

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION CITY OR TOWN COUNTY

MIDDLE

22a I certify that (I) (this hospital) attended the deceased from saw the deceased alive an_ 226. SIGN ATURE

MIDDLE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (aur) apinion death accurred an the date and hour and from the couses stated 22c. DATE SIGNED

LAST

22d. PHYSICIAN'S NAME (TIPE OF PRINT)

230 BURIAL, CREMATION, REMOVAL

Burial

22e ADDRESS

Meadowridge Mem. Park

DEGREE

IN CERTIFYING CAUSES OF DEATH?

Dr. Tasneem Lakani

7220Park Heights Avenue 23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION Elkridge

Howard

Maryland

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

10/14/86 24 FUNERAL DIRECTO- LOCKING Byers Funeral Directors, Inc. 8728 Tiberty Road Randallstown, Maryland 21133

236. DATE

25 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

to not have a supplied to

| | STATE | OF M | ARYL | AND | |
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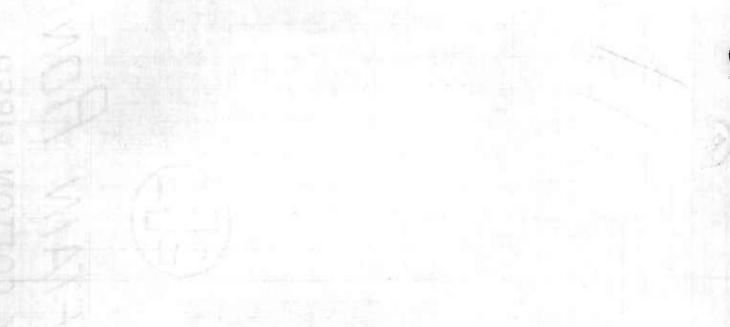
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| 2 | 1 | O | 1 | | |

| 0-2171 | 8 - | FOR STATE REGISTRAR | | | DEPARTN | | EALTH AND MENTAL HY | GIENE 8 6 | 2 | 7 3 | 10 |
|--|------------------------------|---|---------------|--------------------------------------|---|----------------------|--|-------------------------------------|--------------------------------------|---------------|-------------------------------------|
| ge 3 | | CEASED NAME | FIRST | , | MIDOLE | 1 | AST | 20 DATE OF DEATH | MONTH OAY | YEAR | 2b HOUR |
| | | ANNE | | اء | THERESA | WA | GNER | OCTOBER 21, | 1986 | | 12:35am |
| moy | 3 SE | X | X THE | 4. RACE | | 5. DATE O | | 6 AGE (IN YEARS LAST BIRT | HDAY) IF U | NDER I YEAR | IF UNDER 24 HRS |
| ge 4 | FEMALE | | | | | | 4-23 | 63 | YRS | 02.3 | NOUNS INCIDE |
| Pour Pour | BIRTHPLACE (STATE OR FOREIGH | | | 76 CITIZEN OF WHAT COUNTRY? 8 | | 8 MARRIE | D NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY OF DEATH | | | |
| The second | MARYLAND | | | U.S.A. | | WIDOWE | DIVORCED [| BALTIMORE COUNTY M | | | |
| 主 到 母型 | 10 C | CITY OR TOWN OF DEATH | | 11. NAME OF HOSPITAL, NURSING HOME (| | OR OTHER INSTITUTION | 120 USUAL OCCUPATION | | 26 KIND C | F BUSINESS OR | |
| 200 | | ORT HOWARD | 1 | VETERANS | ADMINIST | CRATI | ON MEDICAL CT | | | | |
| 100 TO | USU. | AL RESIDENCE (IF NURSI | 136 COUL | | 136. CITY OR TOWN | | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS / | ZIP CODE | | |
| Charac | | RYLAND | BAL | TIMORE | DUNDALK | | YES NO | 210 S. Wood | lwell_ | #21: | 222 |
| 1 150 | 14. FA | ATHER'S NAME | | MIDOLE | LAST | | 15. MOTHER'S MAIDEN NA | AME MIDDLE | | LAS | |
| be executed in and comp 1. Pages 1 and col ex | - | RANK MILAN | | | | | MARY | | 8 | REGA | V |
| | | VAS DECEASED EVER | | MED FORCES? | 166 SOCIAL SECU | | 17 INFORMANT | ADDRE | | | |
| | | YES | WW | II | 213 28 5 | 6663 | CLIN. RCDS. | VAMC, FORT H | IOWARD, | | |
| h carticol ding phys ortomoso or ramoso afic event. | | 18 CAUSE OF DEATH PART I. DEATH W. | AS CAUSE | TE CAUSE (a) | | LE SI | ROKE and CARI | DIO-PULMONAR | Y ARRES | | mate interval DNSET and Death |
| hat the design by the otter complex complex complex complex complex contractions. | | Canditions, if ony, gave rise to imm cause (a), stating underlying cause | ediate the | | RENAL FAT RAS A CONSEQUE DIABETIC | NCE OF | ROPATHY | | | | |
| SELAN. The lass or entillecture has been conflicted by been being been single-to-market Hygers prior from 18 shows only | N O | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PREVIOUS MULTIPLE STROKES | | | | | | | | | |
| | CERTIFICAT | 19a DATE OF OPERAT | ION | 19b. CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? YES NXX | 20b IF YES, W IN CERTIFYIN YES | G CAUSES | |
| | CAL | 21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIEY MEDIC | AUSE OF DE | HOUR A. | m. month da m. | Y YEAR | 21c HOW INJURY OCCU | RRED (ENTER NATURE OF INJUR | Y IN ITEM TE PART I | OR PART 2) | |
| | MEDI | 21d. INJURY OCCURR WHILE NOT WH AT WORK AT WORK | IE 🗍 | (AT HOME STR | OF INJURY REET, EACTORY OFFICE FA | ARM ETC) | 211 LOCATION STREET | CITY OR TO | VN | COUNTY | STATE |
| The print of the p | | 22a.1 certify that (4) sow the decease abave, (1) (we) (d | d alive ar | 10/21 | 19_ | 8/19 36 | , 19 <u>86</u> nd that in (m)) (our) apinion | | | | that (IP (we) last causes stoted |
| A cheek | | 226 SIGNATURE | 110 | | | | DEGREE | | 55. | 221 DATE | SIGNED |
| TAL DAN DAN DAN DAN DAN DAN DAN DAN DAN DAN | | 0 | S DYS | m | | | ATTENDING PHYSICIAN | MEDICAL STAF | IAN X | 10- | 21-86 |
| HOSPIT Brind by Chungs | | BALA S. | | GIRALA, | M.D. | | VA MEDICAL C | ENTER, FT. 1 | IOWARD, | MD. | 21052 |
| 21 2213 | | BURIAL, CREMATION, | REMOVAL | 23b. DATE | 23c N | IAME OF C | EMETERY OR CREMATORY | 23d LOCATION CITY OF TOWN | | | |
| BP | | BURIAL | -523 | 10-2 | 4-86 | HOLL | Y HILL | BALTIMO | | ro | MARYLAN |
| DHMH - 16 60M 7/84 | 24 F | UNERAL DIRECTOR | UDA- | RUCK FUN | ERAL HOME | E OF | DUNDALK 250 PA | TERES CABY SOUTH AR | 256 REGISTRAR | 'SSIGNAT | CARE OF |

21222

7922 WISE AVE. DUNDALK, MD

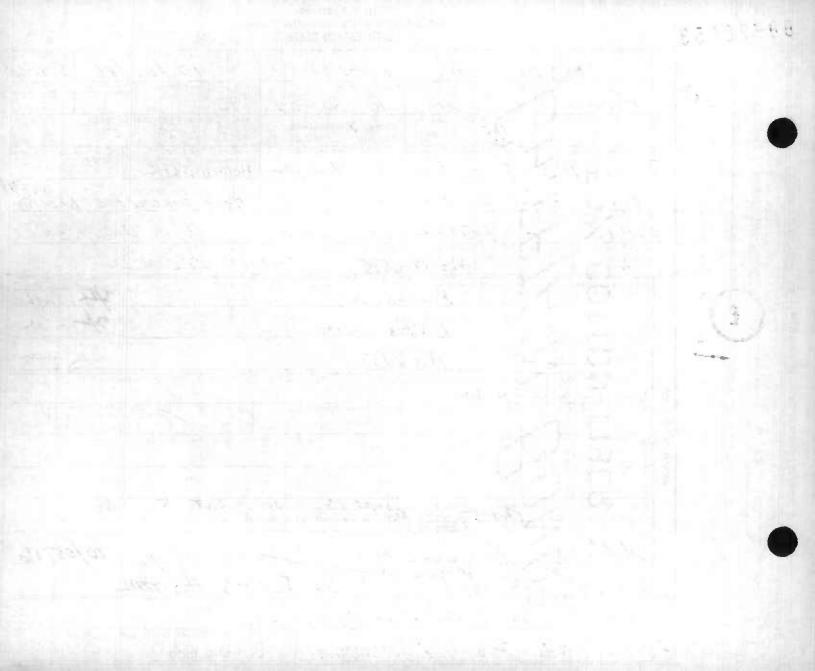
DHMH - 16 60M 7/84 (VRA 15, 4)



DHMH - 16 60M 7/84

8728 Liberty Road Randallstown, Maryland 21133 (VRA 15, 4)

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE



STATE OF MARYLAND

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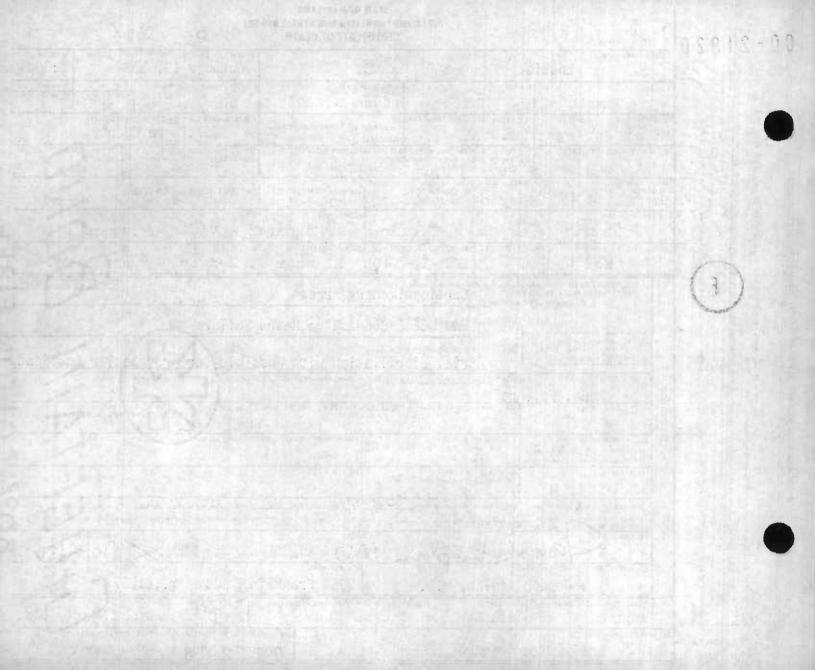
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W. Clarke Mattingley Leonardtown, Md. nrt

DHMH = 16 60M 7/84

(VRA 15, 4)

ydon-findalle



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| 3-2 | 6 | |
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| O | REG. NO. | |

| | | THE CHOTTER THE | | | | | | | REG. | NO. | | | | |
|---|---------------|--------------------------------------|---------------|----------------------|------------------------|---------------|--------------------------|--------|--|----------------|------------|-----------|-------------|----------|
| 1 | | CEASED NAME | FIRST | | MIDDLE | L | AST | | 20. DATE OF DEATH | HINOM | DAY | YEAR | 2b. HOU | IR |
| ١ | {TYPE | OR PRINT) | Mat | tie | E. | War | rd . | | | 10 | 21 8 | 36 | 4:45 | PM |
| ı | 1.5EX | (| | 4 RACE | | S. DATE C | | | 6. AGE IN YEARS LAST | SIRTHDAY) | | DERIYEAR | IF UNDER | 24 HRS |
| | 1 | Female | | Whit | :e | May | | | 91 | YRS | MONTH. | DAYS | HOURS | MIN. |
| 1 | | RTHPLACE STATE OR | FOREIGN | 16 CITIZEN OF | WHAT COUNTRY? | 8 AAA DDIE | NEVER MARRIED | П | 9. BALTIMORE CITY | OR COUN | ITY OF D | EATH | | |
| | | cvland | | U.S.A. | | WIDOWE | | | Baltimo | re Co | unty | | | MD. |
| 7 | | TY OR TOWN OF DE | ATH | 11. NAME OF | | | ROTHER INSTITUTION | 1 | 120 USUAL OCCUPA | TION | 12 | KINDO | F BUSINE | SS OR |
| 4 | T | owson | | Holly H | Hill Manor | Inc | | | Reception Reception | | | DUSTRY | n Sta | ate |
| 7 | USUA | AL RESIDENCE (IF NUR | | OTHER INSTITUTION | GIVE RESIDENCE BEFORE | ADMISSION) | | | | | | JWSO. | .1 5 66 | 166 |
| Я | 13a S | | 13b COUN | | 13c. CITY OR TOW | | 136 INSIDE CITY LIMIT | | 13e STREET ADDRESS | | | 2 | 1002 | |
| | 1000 | CYLAND | Balto | • | Lutherv | ille | YES NO THER'S MAIDEN | _ | 8404 Ma | caure | y Ct | . 4. | 1093 | |
| λ | 7 | FIRST | | MIDDLE | IAST | | FIRST | | MIDDLE | | | LAS | | |
| 4 | - | orge | | М. | Price | | Missou | ıri | | 10 | | Al | ban | |
| ۱ | | VAS DECEASED EVER | | MED FORCES? | 166 SOCIAL SECU | RITY NO. | 17 INFORMANT | | ADD | RESS | | | | |
| ı | No | | | | 220-30-6 | 808 | G. Milton | Wa: | rd - same | as #1 | 3e | | 100 | |
| ı | | 18 CAUSE OF DEAT | | | line for (a), (b), and | dic. | 1111 | | / | | | BETWEEN | MATE INTER | DEATH |
| ı | | PART I. DEATH V | | D BY: E CAUSE (a) | Cer. | ebr | al Va | 0 | C. Ilus | ult | | | | |
| ۱ | | | DANACOINI | | | | | | West No. | 11 | | | | |
| ı | | Conditions, if ony | which | DUE TO, C | R AS A CONSEQUE | -2 1. | or luen | 1. | e diza | 001 | 0 | | | |
| ı | | gove rise to im | mediote | (6)_ | | 1 | | | | | 4 | | | |
| ١ | | cause (a), statu underlying cause | | DUE TO, O | R AS A CONSEQUE | NCE OF | | | | | | | | |
| ١ | - | DARKS OTHER SIG | NEIGANIT C | (c) | 0.178181171110 70 7 | SEATURIT | IA PELLIFORNIA | 750 | | | | | | |
| ı | 2 | PART 2. OTHER SIG | NIFICANIC | ONDITIONS C | ON IKIBUTING TO L | DEATH BUT | NOT RELATED TO THE | IERM | INAL DISEASE OR CO | NDII ION (| SIVEN IN | PART In | 1 | |
| 4 | 110 | 190 DATE OF OPERA | TION | LIAN CONID | ITION FOR WHICH | OBERATIO | N WAS PERFORMED | | 100 AUTOPSY? | T201 16 1 | VEC VALE | RE FINDIN | los uses | |
| 4 | CERTIFICATION | TYE DATE OF OPERA | HON | 198 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | | Of AUTOPST? | IN CER | TIFYING | CAUSES | OF DEAT | H? |
| 4 | 18 | V | | | | - 6 | | | YES NO | | YES | | NO [| |
| | 11622111 | OR CONTRIBUTING | | 110110 . | | YEAR | ZIE HOW INJURY OC | CURR | RED (ENTER NATURE OF IN | JURY IN ITEM I | B PART I C | R PART 2} | | |
| 1 | CAL | (IF EITHER, NOTIFY MED | ICAL EXAMINER | | Μ. | 19 | | | | | | | | |
| ı | MEDICAL | 21d INJURY OCCUR | | | OF INJURY | ARM ETC 1 | 211 LOCATION STREET | | CITY OR | NWO1 | c | OUNTY | 5 | TATE |
| 1 | ~ | AT WORK AT WO | PRK DRK | | | ~ | 11 | or | | 1/2 | | CIA | | |
| ı | | 22a.1 certify that (1) | (this hospit | al) attended th | e deceased from_ | | . 19 | 86 |)_, to | 12 | 9_ | 06 | that (I) (v | we) last |
| 1 | | saw the deceas | ed alive on, | View the body | Salter death | X6. ar | d that in (my) (aur) opi | nion o | deoth accurred on the | date and h | our ond | from the | causes sta | oted |
| ı | | 771. SIGNATHRE | | 1 1 | arrer deam. | THE ST | DEGREE | | ^ | | 1 | 22c. DATE | SIGNED | |
| 1 | | 110 | 11 | 1/2 | 209 | ~ | ATTENDIN PHYSICIA | NG A | MEDICAL ST | AFF | | | | |
| 1 | 1 | 22d PHYSICIAN'S N | AME (TYPE O | R PRINT) | | | 22e ADDRESS | | A THE STATE OF THE | | | | | |
| | | Hans Ko | etter | M.D. | | | 7600 Osle | rI | or. 21: | 204 | | | | |
| 1 | 23 n. R | URIAL, CREMATION, | | 23b. DATE | 73. N | JAME OF C | EMETERY OR CREMATO | | 23d LOCATION | | | | | |
| | | SPECIFY) | KEMOVAL | 230. DATE | 236.19 | -WAL OF C | IMETERT OR CREMATO | JKT | CITY OR TOWN | | _cou | NTY | 5 | TATE |

DHMH - 16 60M 7/84 (VRA 15, 4)

Ruck Towson Funeral Home, Inc.

Burial
24 FUNERAL DIRECTOR

10-27-86

Prospect Hill

Towson

Balto.

Md.

21204 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 1050 Yerk Rd.

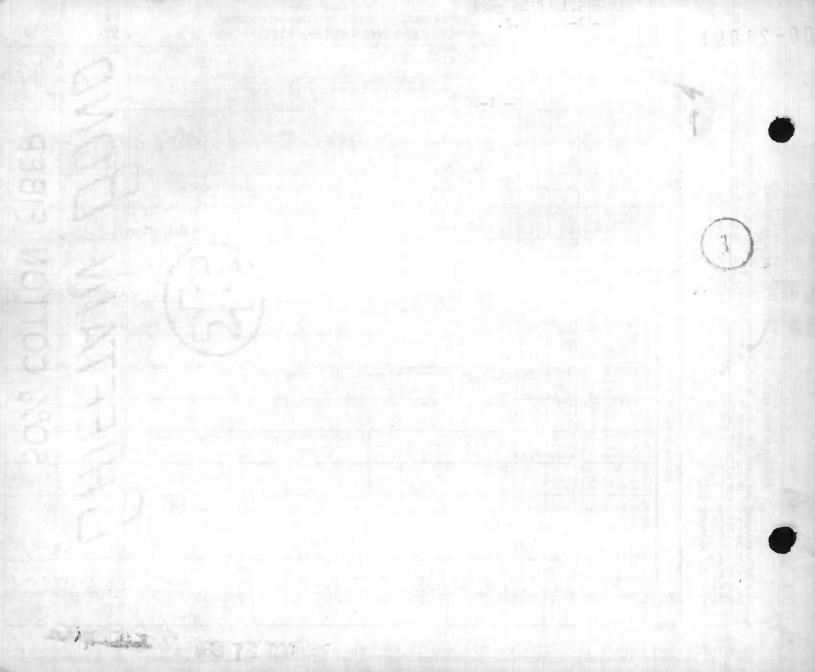
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| 0.0 | | | | | FOR 12-11-86 | I.J. | DEPARTMENT OF H | EALTH AN | ND MENTAL H | YGIENE | (5) | 7 0 | 1 4 |
| 00- | 7 | 1891 | | | REGISTRAR | MEI | DICAL EXAMINI | ER'S CER | RTIFICATE O | F DEATH | NEO. 140 | / 0 | ; 0 |
| | | | | | CEASED NAME FIRST | | WIDDLE | LAST | en en en | 20. DAT | E KNOWN | MONTH DAY | YEAR 26 HOUR |
| | | ER SE SE | | | Jimm | Y | | Wash | ington | . DEAT | H MATED | 10 10 | 1086 130 M |
| | | PLEASE ECTOR: FILES. HOURS | - | 1. SEX | 4. RACE | S DATE OF BIRTH | 6 AGE (IN YEAR | | | | ATE DUNCED | MONTH DA | YEAR 2d HOUR |
| | | PIRE DUR NO | w | | Mala Diagle | 9-21-08 | 78 YR | | DAYS HOURS | DE | AD , | 10/17 | 1986 10 M |
| - | | SSAL ZAL HIN | 3 | 10/6 | Male Black | 76. CITIZEN OF WH | AT COUNTRY? | 8 MARRIED | □ NEVER MARRI | 9. BALT | IMORE CITY OR | COUNTY OF | DEATH |
| | | NECESSARY, PLEASE "UNERAL DIRECTOR." 5 FOR YOUR FILES. WITHIN 72 HOURS W. PRESTON STREEF, | 1/ | 1 | Cambb Camal | | | WIDOWED : | | | DALTO (| MINT | Y MD. |
| 3.00 | | | 1 | jb.CI | wanth garol | TI. NAME OF HOS | | OR OTHER II | NSTITUTION | 120 USUAL OC | CUPATION (TYPE C | F WORK 126 KI | NDIOF BUSINESS |
| | | LAY IS D THE PAGE FRILED | 50 | | BALTIMORE | (IF NOT IN SUCH FACE | 11 6 | 46 | | PORMOSTOFY | YORKING (IFE) | | K II4DOSIKI |
| | = | AN A | 28 | | L RESIDENCE (IF IN NURSING HOME C | OR OTHER INSTITUTION, GIV | | | INSIDE CITY LIMITS? | 13e STREET ADI | DECC. | - | 7/15/4-9 |
| | 2120 | ANY DE AND 3 T RETAIN YOULD | 50 | HAE.S | 101 | 1 th | | V | ES NO Z | OF TO | _ | - | 1901 |
| | 9 | = 5.8.3. | 100 | 14 F | ATHER'S NAME | | BALTIMO | | MOTHER'S MAIDE | N NAME | reens | Lane | |
| | E, A | 1 | 15 | 1 | JAMES | WASHING | TON | | FIRST | W | ashingto | | LAST |
| | NON | ESSE OF | 17 | 16a V | VAS DECEASED EVER IN U.S. AR | MED FORCES? | 166. SOCIAL SECURITY | NO. 17 1 | INFORMAN Se | y " | ADDRESS | | |
| | 441 | 1 2 3 3 | // | (4 | | WAR OR DATES) | 250-30- | -5064 | Rev. | Edith V | Wilson | 10518 | Marriott |
| | | ON THE | | | 18 CAUSE OF DEATH (Enter on | ly one cause per line | 1 | | | | | | PPROXIMS WER ALL C |
| | PRESTON ST., BALTIMORE, MD. 2120 | 24 HOU ITEM 18 LONG PERMIT GIENE, | 234 | | PART I DEATH WAS CAUSE | D 8Y: | TEP. OSala | 1,510 | Pardin | Vascul | he His | DETA | 10 ATT |
| | TO | TITHIN 24 HOLCIL IN ITEM 18 NER ALONG ANSIT PERMIT AL HYGIENE, | AVC. | | IMMEDIA | TE CAUSE (a) | AS A CONSEQUENCE O | F | C ME ON C | 11000 | | 1 | 0-111 |
| | RES | WITHIN INCIL IN AINER AI TRANSIT | EWC | | Conditions, if any, which | | | | | | | | |
| | W. | 32382 | OR B | | gave rise to immediate cause (a) stating the under- | | AS A CONSEQUENCE O | F | | 1.1.0.1. | 100 | | |
| | 201 | ECUTED NI EXA/ URIAL- | N. | | lying cause last. | | | | | | | 200 | |
| | DS. | A AL P | ATIC | (3) | PART 2 OTHER SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH I | BUT NOT RELATED TO THE TERMI | NAL DISEASE OR (| CONDITION GIVEN IN PA | PT 1 ini | | | |
| | 0 | D BE EXE ENDING MEDICA AS A BU | SEW. | Z | | | | | | | | | |
| | DIVISION OF VITAL RECORDS, 201 | | O THE | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDIT | ION FOR WHICH OPERA | TION WAS F | PERFORMED? | | | 20. / | AUTOPSY? |
| | TAL | ち答正記の | RIA | IFIC | SA 100 LES 1 | 1 14 6 | | | | | | | YES NO |
| | FVI | | BO | ERT | 210 EXTERNAL CAUSE WAS | 21b. TIME OF | | 21c HOW | INJURY OCCURRE | D (ENTER NATURE O | F INJURY IN ITEM 18 PA | | ILS CO NO CO |
| | Z | CERTIFICATE WING THE WOED TO THE 3 SHOULD F | E S | | UNDERLYING OR CONTRIBUTING CAUSE OF | | MONTH DAY YEAR | 100 | | | | | |
| | Sio | NG THE D TO SHOU | NIC. | MEDICAL | 214 INJURY OCCURRED | 21e PLACE C | OF INJURY (AT HOME. | 21f LOCATI | | | | | |
| | P | VRITING THE WARDED THE WARDED TO THE GE 3 SHOULD FIRE | 102 | E | WHILE NOT WHILE DAT WORK | STREET, FACT | ORY, FARM, ETC) | STREET | T | CITY OF | TOWN | COUNTY | STATE |
| | | E. WA | , 213 | 113 | | | | - 1 | | (IV | | | |
| | | A A B B B E | Q. | | 220. I certify that I taak charg | je at the remains des | | Autapsy | , Inspection | n 🛂 , Inqu | ry L, and | in my opinian | |
| | | A PER SE | RYL | | death resulted fram: Natur | ral causes LLA, | Accident L., Suid | ide 🔲, | Hamicide | Undetermined | manner | | |
| 100 | | X BBBY | ¥ | | ACTUAL & L. 10 | 111.00 | 0.6 | - | TITLE (SPECIFY) | | | DATE | 1.0/1 |
| | | SHE SHE | A K | | SIGNATURE | 1411100 | Ser 1 | M.D. Z | Jef 19 | MEDICAL EX | AMINER | SIGNED | 11/14 |
| | | AED CAN | W | a | EXAMINER'S NAME (TYPE OR PRINT) | 11071011 | 11 DA | - | 550 | BALTO | NATI- | Pe 21 | 228 md |
| | | TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWARN TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE | BAE - | 23a B | | 3h DATE | 23c. NAME OF CEM | | RESS_23_50 | 23d LOCATIO | N | | |
| | | | | (5 | URIAL, CREMATION, REMOVAL T | | | | | CITY OR TOWN | | COUNTY | STATE |
| 25 | 7/84 5M | BP | | 24. F | BURIAL " | 10/23/ | | | CEMETAR 250. DATE I | REC'D. BY REGIS | TTMORE | RAR'S SIGNAT | MD |
| | | DHMH - 17 (VR A15 ME (| | | LEROY O. DY | ETT & SO | N 4600 Lil | perty | Hoten | W T 400 | Sisting. | | |
| | | (AV WID LATE) | ~// | | LILIOI O. DI | a 50 | | _ | | 4 1 100 | 11 | | |



& Zeiler, Inc. 1901 Eastern Ave.

(VRA 15, 4)

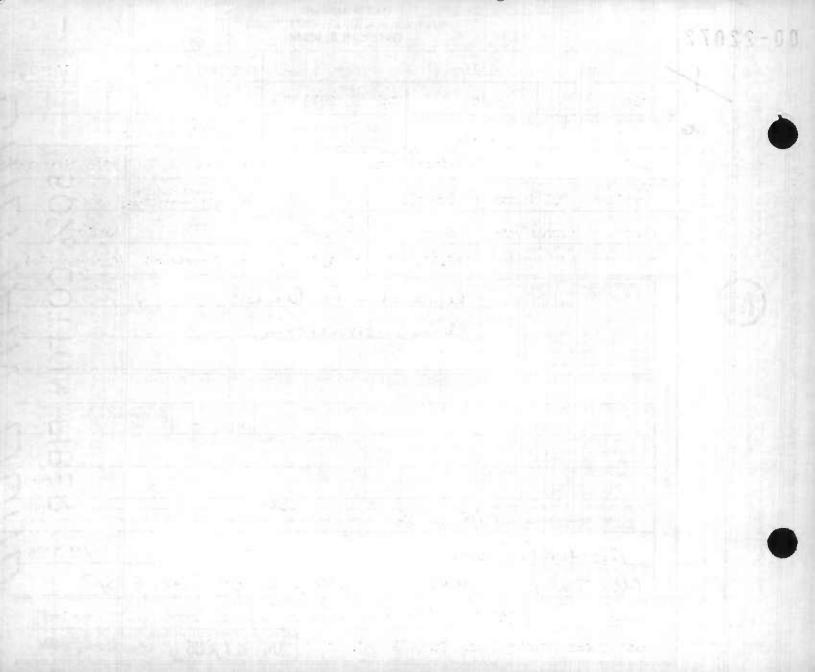
STATE OF MARYLAND

| 1 | 1 | | | | OF MARYLAND | | | |
|--|---------------|---|---------------------------------|---------------------|--|------------------------------|----------------------|---|
| 7 | 1. | FOR STATE REGISTRAR | DEF | | ALTH AND MENTAL HYG CATE OF DEATH | IENE B REG. NO | 2 | 7 3 1 8 |
| -21587 | | CEASED NAME FIRST FR | EDERICK | G. \ | WEAVER, SR. | 20. DATE OF DEATH | MONTH DAY | YEAR 26 HOUR |
| noy be poge 36 | | FREGER | | weave | en | 10/16/66 | 1 | 9.45 M |
| rector, p | 3. SE | nale | White | 5. DATE O | 116/13 YEAR | 6 AGE LINYEAS LAST BIRE | YRS. | DAYS HOURS MIN. |
| Tol di | | COUNTRY) | CITIZEN OF WHAT COUN | MARRIED | NEVER MARRIED | 9 BALTIMORE CITY O | | DEATH |
| deo deo | 10.0 | PW JERBEY I | U.S.A. 1. NAME OF HOSPITAL, N | WIDOWE | 9 | Daito. L | COUNTY | MD. |
| 201 rs offer filed wi | P | alto. | 9+. JOSEP | STREET ADDRESS) | Lal | (TYPE OF WORK FOR MOST O | WORKING LIFE) I | Industries |
| 215 how how the | USU | AL RESIDENCE (IF NURSING HOME OF COTATE 136_COUNT | THER INSTITUTION GIVE RESIDENCE | E BEFORE ADMISSION) | 13d INSIDE CITY UMITS? | 136 STREET ADDRESS / | | . Industries |
| AND 24 hn 24 hould bould transfer | 3 | nd. Balt | O. Luthe | erville | YES NX | 1405 Neu | JOORT A | 1. 21093 |
| Marthing Jacky | 114. F. | THER'S NAME Frederick | IDDLE LAT | | 15 MOTHER'S MAIDEN NA | WE | 1000 | LAST |
| E, My | 160.3 | VAS DECEASED EVER IN U.S. ARM | | aver | Minnie 17 INFORMANT | ADDRE | 55 | Westlake |
| BALTIMORE, MARYLAND couled within 24 couled completely filler could cou | N | | WAR OR DATES) | 05452 | - | eaver - same | | |
| | | 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED | one couse per line for (o), (| (b), and (c).) | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 4ST. | | | CAUSE (0) Phy DA | Kemic. | | | | 12 Hours |
| deoth of ottending ove contribution, or commotic | | Conditions, if ony, which | DUE TO, OR AS A CON | SEQUENCE OF | | | | 20- |
| W. PRESTON ST., or the deoth construction or the ortending se remove construction, or their troumatic events. | | gove rise to immediate couse (a), stating the | DUE TO, OR AS A CON | | ^ | | | |
| d by teose in ol, cre | | underlying couse lost. | (c) | SE GOLINCE OF | | | | |
| 2 6 6 7 | N O | PART 2. OTHER SIGNIFICANT CO | ONDITIONS CONTRIBUTION | G TO DEATH BUT I | NOT RELATED TO THE TERM | INAL DISEASE OR CON | OITION GIVEN I | N PART Ito |
| low re | CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITION FOR V | VHICH OPERATION | WAS PERFORMED | 20a AUTOPSY? | | ERE FINDINGS USED G CAUSES OF DEATH? |
| VITAL RE | RTIF | | | | N. 1101111111111111111111111111111111111 | YES NO | YES [| NO 🗌 |
| DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir rottending physician. ther this certificate has been sign as the buriof-tronsit permit. Then th and Mental Hygiene prior to be orked or them 18 shows any injury | | 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | HOUR A.M. MONTE | H DAY YEAR | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJUI | RY IN ITEM 18 PART 1 | OR PART 2) |
| PHYS ending this come burned Mend Mend Mend Mend Mend Mend Mend M | MEDICAL | 21d INJURY OCCURRED | 21e PLACE OF INJURY | | 211 LOCATION | CITY OR TO | WN | COUNTY STATE |
| DIVISION OF PATTER 14 e os the of th and marked | 2 | AT WORK AT WORK | | | The state of | | | |
| ENDI olor olor Neof | | 22a certify that (I) (this hospital sow the deceased alive on _ | 10/16 9: 1500 | | that in (my) (our) opinion | , to 10/16 | | |
| R ATT hospit RECTC red fo ept of tem 21 | | obove, (I) (we) (did) (did not) | | 19 16 . 011 | EGREE | seom occurred on the ac | ite ona novi on | 22c. DATE SIGNED |
| the O | | Hem - Essly | ~ mn | | ATTENDING | MEDICAL STAF | | 18/14 |
| HOSPITAL ned by 11 FUNERAL Jid be det 1 the State | | 22d. PHYSICIAN'S NAME (TYPE OR | PRINT) | | 22e ADDRESS | | 0 | 710/06 |
| TO HOSPITA retained by TO FUNERA should be de with the Stat IMPORTANT | | HENRY EF | ESSLER | | FRANKIS SIOTT | KEY HOSPITAT | L BOLT | more mo |
| 5 6 + 2 x x | | BURIAL, CREMATION, REMOVAL | 236 DATE | 23c. NAME OF CE | METERY OR CREMATORY | 23d LOCATION CITY OR TOWN | 80 | UNTY STATE |
| BP | | remation UNERAL DIRECTOR | 10-20-86 | Westvi | ew Crematory | Balto. | OCL DECISTO AD | Md. |
| DHMH - 16 60M 7/84 (VRA 15, 4) | 14.1 | NAME | ADO | RESS 1050 Y | | T201986 | A A COLUMN | SSIGNATURE |
| (VKM 13, 4) | Pı | ick Towson Funer | al Home, Inc | Towson, | Md.21204 | 4 | | |

| STATE OF MARYLAND | |
|---|---|
| DEPARTMENT OF HEALTH AND MENTAL HYGIENE | |
| CERTIFICATE OF DEATH | - |

| JE | 8 | b | 2 | 7 | 3 | 1 | |
|----|---|---|---|---|---|---|--|
| | | | | | | | |

| -22072 | 1. | FOR STATE REGISTRAR | | | DEP | | | ALTH AND MENTAL HYG CATE OF DEATH | IENE 8 O | 2 | 13 | 19 |
|---|---------------|--|--------------|--------------------------------|-------------------------------|---------------|------------|--|--|--------------------------|-----------------------------------|-----------------------------|
| | | CEASED NAME | FIRST | The state of | MIDDLE | | LA | ST | 20. DATE OF DEATH | MONTH E | DAY YEAR | 26. HOUR P |
| o 64 | TYPI | Frank Frank | | Wil | liam | | W | eber | October 2 | 3, 198 | 6 | 10:00 M |
| o 4 mo) | 1 SE | × Male | | 4 RACE Whi | .te | | DATE O | 8, 1913 YEAR | 6. AGE (IN YEARS LAST) | | IF UNDER 1 YEAR | IF UNDER 24 HRS HOURS MIN. |
| nerol dire | | RTHPLACE (STATE OR FO | re ign | 76 CITIZEN OF | | N | AARRIE[| NEVER MARRIED DIVORCED | 9 BALTIMORE CITY Baltin | | | MD. |
| by the furth | | iy or town of deat Dundalk | н | | HOSPITAL, NI | URSING H | OME O | R OTHER INSTITUTION | 126 USUAL OCCUPA (Type of work for MOS Foreman | TION TOF WORKING LIFE | 126. KIND C INDUSTRY Balto | City Gov |
| filled in could be in | USU 13a. S | AL RESIDENCE (IF NURSIN STATE Maryland | Balt | OTHER INSTITUTION ITY LIMORE | 136 CITY OR Dun | dalk | ISSION) | 13d. INSIDE CITY LIMITS? YES NO 🔯 | 13e.STREET ADDRESS 99 Baltin | | | 222 |
| See of the | 14. F/ | James S | Stani | slaus | Webe | r | | Frances | MIDDLE | | Krol ⁶ | czyk |
| Pages 1 | 16a \ | NOO OR UNKNOWN) | | MED FORCES? E WAR OR DATES) | 215.0 | | | Phyllis A. H | | hter) | (Same | as 13e) |
| n signed by the entroperson please runderson tro burial, cre alloniny, ar ather troumo | NOI | Conditions, if any, gave rise to imme cause (a), stating underlying cause | the last. | (b) DUE TO, C | OR AS A CONS | SEQUENCI | E OF | NOT RELATED TO THE TERM | NINAL DISEASE OR CC | NDITION GIV | EN IN PART 1 | o |
| te hos bee sit permit. | CERTIFICATION | 19a DATE OF OPERATI | | | | HICH OPE | RATIO | N WAS PERFORMED | YES NOX | IN CERTIF | , WERE FINDIP YING CAUSES S | NGS USED OF DEATH? NO |
| og physic certificat riol-trans ental Hyg frem d8 sl | | 21a ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA | USE OF DEA | | OF INJURY M. MONTH M. | H DAY | YEAR 19 | 21c HOW INJURY OCCURE | RED (ENTER NATURE OF IN | JURY IN ITEM TS P | ART 1 OR PART 2) | |
| ther this as the bund M hand M irked or | MEDICAL | 216 INJURY OCCURRE | ЕП | | OF INJURY REET, FACTORY, O | OFFICE, FARM, | ETC } | 21f LOCATION STREET | CITY OR | 10WN | COUNTY | STATE |
| by the hospital or RAL DIRECTOR: Ar a detached for use of State Dept. of Healt NY: If them 21 is man | | 270 I certify that (I) (I) saw the deceased abave, (I) (we) (did 27b. SIGNATURE | alive on | 10 | 15 | 19 86 | | d that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN [1] | death occurred an the | date and hav | 22c. DATE | |
| TO HOSPITA retained by TO FUNERA should be de with the Stat IMPORTANT | 22- | Monte | | C. 0/ | WA | 122. 144 | E OF C | 2936 € | BAUTION 1236 LOCATION | Moro | - 5/ | |
| BP | | BURIAL, CREMATION, R (SPECIFY) Burial | EMOVAL | 10/27/ | /1986 | | | n Cemetery | Baltimo | | COUNTYMAI | |
| DHMH - 16 60M 7/84 (VRA 15, 4) | | uneral director lter Brooks | s Bra | adley Ir | nc., Du | ındall | k, M | d. 21222 25a. DAT | e rec'd. By registra | AR 250 REGIST | PAR'S SIGNAL | URE |



DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

24 REGISTRAR'S SIGN ME 25a. DATE REC'D.

15 7 7 3 1 404 7 28 8.3 01 THE ASSESSMENT OF THE PARTY OF Market and the state of the sta

| | | | STATE OF MARYLAND | | |
|--|---|--|---|---|---|
| 10-19854 | FOR STATE REGISTRAR | | OF HEALTH AND MENTAL HYOERTIFICATE OF DEATH | GIENE 8 6 REG. NO. | 2 7 8 2 |
| 2 | 1. DECEASED NAME FIRST | WIDDLE | LAST | 20. DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| nay be page 3 | Rose | alie A. W | elch - | Ocotber | 1. 1986 2308 m |
| ma) | 3. SEX | 4. RACE 5. I | DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS |
| d of o | Female | Caucasian | 3/7/13 YEAR | 73 yr | |
| 1 113K | 70 BIRTHPLACE (STATE OF FOREIGN COUNTRY) | 76 CITIZEN OF WHAT COUNTRY? 8 | ARRIED XX NEVER MARRIED | 9 BALTIMORE CITY OR COU | |
| | Maryland | | DOWED DIVORCED | Baltimore Co | J MD. |
| · 1555 | 10 CITY OR TOWN OF DEATH Randallstown | 11. NAME OF HOSPITAL, NURSING HOSPITAL, NURSING HOSPITAL, SIVE STREET ADDRESS BALTIMORE County (| ESS) | 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Home Maker. | 12b. KIND OF BUSINESS OR NG LIFE) INDUSTRY |
| 1.345 | 13a. STATE 13b CC | e or other institution, give residence before ADM DUNTY 13c. CITY OR TOWN Reistersto | 13d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS / ZIP C 603 Shirley M | |
| 1 100 | 14 FATHER'S NAME | MIDDLE LAST | 15. MOTHER'S MAIDEN NA | | Tallot Road 21230 |
| 1 450 | Herbert | Fear | A1ma | WIDDLE | Miller |
| tore executed to be a second to be a | 160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (HEYES, | ARMED FORCES? 166 SOCIAL SECURITY GIVE WAR OR DATES) | NO. 17 INFORMANT | ADDRESS 21236 | 603 Shirley Mano |
| TIM be be s. Po | no | 214-03-0 | 7668 Mr. William | n Addison Welch | Reisterst Win, MD. |
| DS, 201 W. PRESTON quires that the death or signed by the attending her places remove carbon to buried, cremotion, or large, or other traumatic | _ | | | - f | GIVEN IN PART 110 |
| No. bear in | 190 DATE OF OPERATION | 196. CONDITION FOR WHICH OPE | RATION WAS PERFORMED | 200 AUTOPSY? 206. IN CI | FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\cap \) NO \(\cap \) |
| CLAN, T C physics entiticate softwares | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF | DEATH HOUR A.M. MONTH DAY | YEAR 19 | RRED (ENTER NATURE OF INJURY IN ITE | N 18 PART 1 OR PART 2) |
| NG PHYSICIAN, otherwise physical the this certifical on the benefit and the mid wenter the period when the period was been the period on the period was been the period on the period of | 21d, INJURY OCCURRED WHILE NOT WORK AL WORK | 216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM. | 211. LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| ATTENDR OF CTOR. A for use of Health | | on nor view the updy after death. | , 19, 19 | death occurred on the date and | haur ond from the couses stoted |
| At OR y the bo tat Diff. denothed denothed diff. if hear | 226 SIGNATURE | 5-3 | PHYSICIAN , | MEDICAL STAFF DIRECTOR PHYSICIAN | 10-2-86 |
| O HOSPI reciped by O FUNE hould be wholed by | Jose Apt | er | | ourt Road Suite | 103 21133 |
| E T T T T T T | 230 BURIAL, CREMATION, REMOV | | E OF CEMETERY OR CREMATORY | 23d LOCATION | COUNTY STATE |
| BP | Burial | Oct. 4, 1986 Loud | | y Baltimore Ci | |
| DHMH - 16 60M 7/84 (VRA 15, 4) | NAME Loring By 8728 Liberty Ro | ers Funeral Director ad Randallstown, M | s, Inc. 21133 | TE REC'D. BY REGISTRAR 256, RE | GISTRAR'S SIGNATURE |

STATE OF MARYLAND

A. Alan Seitz, Jr. 3818 Roland Ave.

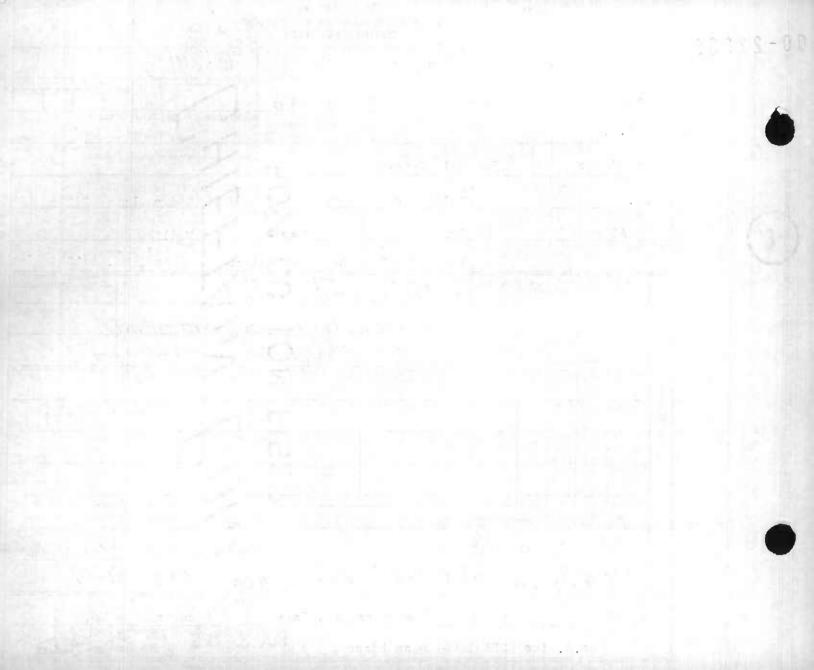
DHMH - 16 60M 7/84

(VRA 15, 4)

| | | | | | | | STAT | E OF MARYLAND | | | | | | | |
|--|---|---------------|--|---------------------|---|-----------------|--------------------------|----------------------------|-----------|-------------------|---|----------------------|--------------------------------|--------------|------|
| 00- | 22848 | 1 - | FOR STATE REGISTRAR | | | DEPAR | | EALTH AND MENTICATE OF DEA | | IENE | 8 6 REG. NO | ది మ | 2 7 | 3 2 | 4 |
| | 2 2 0 4 0 | | CEASED NAME F | IR5T | MIDI | DLE | | LAST | | 20. DATE | OF DEATH | MONTH E | AY YEAR | 26 HOUR | |
| | poge 3 | | Emil | | F | 2. | Wiecz | corkowsk | xi | 0 | ct. 3 | 0, 19 | 986 | | M |
| | Ter o | 3. SE | (| 4 | RACE | | 5 DATE (| | YEAR. | 6 AGE (H | YEARS LAST BIRT | HDAY) | IF UNDER 1 YEAR | HOURS N | HRS. |
| | 9e 4 | | Male | | White | | 111 | | 26 | 59 | | YRS. | | | |
| 0 | od to | 3.0 | RIHPLACE (STATE OR FORE COUNTRY) aryland | IGN 78 | USA | IAT COUNTR | Y? 8 MARRIE WIDOWI | D NEVER MAR | | | ore city o | - | | - (3) | MD. |
| 510. | of the d | | ty or town of DEATH andalk | 7 | | SPITAL, NURS | | OR OTHER INSTITU | TION | 120 USUA | COCCUPATION OR FOR MOST OF ELGER | DN F WORKING LIFE | 126 KIND C INDUSTRY Gene | ral M | |
| LAND 2120 | 155 | | at residence (if nursing at are land land | Bart | ther institution GIV Yimore 13 | Dunda Dunda | | 136 INSIDE CITY I | LIMITS? | 13e.STREE | ADDRESS | | Rd. 2 | 1222 | |
| | (5) | S FA | THER'S NAME John | MI | Wie | czork | owski | 15 MOTHER'S MA | Mary | AE . | WIDDLE | | LAS | | |
| RE, I | 1 1 | | VAS DECEASED EVER IN | | ED FORCES? 16 | Sh SOCIAL SE | | 17 INFORMANT | | | ADDRE | 55 | | 21 | 222 |
| WO | e ca El | (| YES NO OR UNKNOWN) (1 | FYES GIVE | WAR OR DATES) | 212-2 | 2-246 | Doroti | hy Wi | iecz | rkows | ski 7 | 23 Al | | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARY | res that the death cert ned by the attending n please remove corban ourial, cremation, ar ree y, ar other traumotic ex | | Conditions, if any, who gave rise to immed cause (a), stating underlying cause I | nich iote the | DUE TO, OR A (b) DUE TO, OR A (c) ONDITIONS CON | AS A CONSEC | DUENCE OF | c lung | ca | , h Cen | ASE OR CONI | DITION GIVI | EN IN PART 1: | 0 | |
| ORDS | requi | TION | | | | | | | | V. | 702010 | Tage of MES | MATERIA SINIO | | |
| AL REC | he low on. hos be t permi | CERTIFICATION | 190. DATE OF OPERATION | N | 198 CONDITIO | ON FOR WHIC | CH OPERATIO | N WAS PERFORMI | ED | YES [| TOPSY? | IN CERTIFY | , WERE FINDII YING CAUSES | OF DEATH? | |
| OF VII | SICIAN: T ng physici certificate ortol-transi entol Hygi frem 18 sh | | 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICAL E | SE OF DEATH | 116 TIME OF II HOUR A.M. | MONTH | DAY YEAR | 21c HOW INJUR | RY OCCURR | ED (ENTER | nature of injur | Y IN ITEM 18 PA | ART I OR PART 2) | | |
| IVISION | ottendin ter this c ss the bur h ond Me | MEDICAL | 216 INJURY OCCURRED | | 21e PLACE OF | | E FARM ETC) | 21F LOCATION STREET | | ¥3 | CITY OR TO | WN | COUNTY | STATE | E |
| • | TO HOSPITAL OR ATTENDIN retoined by the hospital or TO FUNERAL DIRECTOR At should be detached for use o with the State Dept. of Health IMPORTANT: If them 21 is ma | | 22a. I certify that (I) (this saw the deceased a abave, (I) (we) (did 1) 1. Skink at the | Bou | attended the d | 19 ter death | 4 | nd that in (my) (out | ENDING X | MEDICA DIRECTO | OCTOR red on the do L STAF OR PHYSIC | F | | SIGNED | |
| | 7 5 1 3 3 | 23a 8 | SURIAL, CREMATION, REA | | 23b. DATE | 23 | | EMETERY OR CREA | MATORY | | CATION | | COUNTY | STATI | E |
| | BP | | Burial | | 11/1/1 | 986 S | acred | Heart (| Cem. | 4 | | imore | Ma | | - |
| 0 | DHMH - 16 60M 7/B4 | | JNERAL DIRECTOR | | | ADDRES | 5 | | 250 DATE | REC'D. BY | | | RAR'S SIGNAT | URE | |
| | (VRA 15, 4) | (| Connelly F | unei | ral Hom | le of | Dunda | lk | חח | r 31 | 1000 | Silvi B | malini | and the same | |

States and adversary ne what paid statution Table of the second of the sec COT 31 18 ECO IL WOHENE PASSINGHE Ellie L Rowinsky The state of the same of the s

| | | | | 1 | | | | STAT | OF MARYL | AND | | | | |
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| | | | | 1 | FOR - STATE | | DEP | ARTMENT OF H | | | IENE 🙀 | 6 | 278 | 23 |
| 11 - | . 77 | cns | 0 | Ι. | REGISTRAR | ^ | | CERTIF | ICATE OF I | DEATH | 9 | REG. NO. | 1 | |
| 0 | 4 4 | . 33 | 9 | | ECEASED NAME A | 1 | MIDDIE | ŧ | AST | | 20. DATE OF | EATHY APTIV | DAY YEAR | 26 HOUR |
| | e q | e 3 | | [] IY | PE OR PRINTING. | ace a | ylua | ms | | | 101 | 29101 | 7 | |
| | noy | page or dep | | 3. \$ | X | 4 RACE | | 5. DATE C | F BIRTH | | 6. AGE INYEA | RS LAST BIRTHDAY) | IF UNDER I YEAR | IF UNDER 24 HRS |
| | 4 | ctor s ofte | | | Female | Blac | k | MONTH | 2 DAY | 1916 | 70 | YF | MONTHS DAYS | HOURS MIN. |
| | Pog | dire | 0 /1 | 70/ | SIRTHPLACE (STATE OF FOREIG | N 76 CITIZEN OF | WHAT COUNT | TRY? 8 | | -110 | 9 BALTIMORI | | NTY OF DEATH | |
| | eoth. | n 72 | 19.5 | 1/ | COUNTS' C. | US | A | WIDOWE | DE NEVER | WORCED | Bal | limas | 0601 | MD. |
| | TO To | with: | 8 | 18 0 | ITY OR TOWN OF DEATH | | | RSING HOME | | | 120 USUAL O | | | F BUSINESS OR |
| 5 | soft | y th | を | 1 | Baltimore | Fra | nklin S | Square | | 1 | (TYPE OF WORK F | OR MOST OF WORKIN | NG LIFE) INDUSTRY | |
| 212 | hour | i o | 201 | -Ust | STATE (IF NUR IN INC. | OTHER INSTITUTION. | | | ANA MISINE S | | | DDFCC / TID G | 000 | |
| Q Z | 24 | lled | 2 | 130 | Md. | GOUNTY | Baltin | | 13d INSIDE C | NO 🗍 | | Olivet | | 229 |
| N. | - | S S | - TA | 14. F | ATHER'S NAME | | | | - | S MAIDEN NAM | | OTIVEL | Lane ZI | 229 |
| 13 1 | 1. | nd 2 | 0 | | FIRST | MIDDLE | LAST | | | FIRST | | MIDDLE | LAST | |
| (31 | | 9- | 0 | 160 | Albert WAS DECEASED EVER IN U. | | ller | ECHIPITY NO | 17 INFORMA | Mamie | | Willia | m | |
| 18 | 1 | pud | die | | | ES, GIVE WAR OR DATES) | | 09-9527 | | | 1 2 | 931 | Honey Wo , Md. 212 | od Dr. |
| 15 | ٠ . | rs. P | E | | | | | | barb | ara Wil | liam | Chase | | |
| 8 A | cote | pope povot. | ±, + | | 18 CAUSE OF DEATH (En | ter anly ane cause per | line far (a), 16 | and ici. | . 5 | 000 | 7 | | BETWEEN C | MATE INTERVAL |
| ST., | ertife | g ph | e ve | - | | EDIATE CAUSE (a) | VEW | hala | e rue | relat | 715 | | | |
| O | th c | corb | totic | | | DUE TO, O | R AS A CONSE | EQUETY CAPOF | 2 0 | + | 1 | 0 | 1. | |
| RESTON | qeo | pre | POG. | | Canditions, if any, whi | ch ((b) | Arves | alkey | reles | obe Ch | ndoros | Wasa | isease | |
| 9 | the | rem | | | gove rise to immedia cause (a), stating t | | R AS A CONSE | OUENCE OF | with | at we | #9:1 | 200 | 01 | |
| 3 | tot | by sose of, cr | da | | underlying cause la | st. (e)_ | | | muy 0 | 977 14 | Miles | of age | wegins | |
| 3, 20 | res | n ple | 7,0 | - | PART 2. OTHER SIGNIFIC | ANT CONDITIONS CO | ONTRIBUTING | TO DEATH BUT | NOT RELATED | TO THE TERM | NAL DISEASE | OR CONDITION | VEN IN PART 110 | |
| RECORDS | 200 | The The | in | CERTIFICATION | | | | | | | | | | |
| ECO | 3 0 | bee prio | No 1 | 3 | 190 DATE OF OPERATION | 196 COND | ITION FOR WE | HICH OPERATIO | N WAS PERFO | RMED | 200 AUTOP | SY? 20b. IF | YES, WERE FINDIN | GS USED |
| | be. | t pe | 3 | E | W 1 5 1 2 1 2 1 2 1 | | | | | | YES 🗀 1 | 10 D | YES | NO [|
| 1 | Z Sici | cate | 8 | 1 8 | 210. ACCIDENT WAS UNDERLYIN | Stand Committee to | | DAY VEAR | 21c HOW IN | JURY OCCURR | ED (ENTERNATU | RE OF INJURY IN ITEM | A 18 PART OR PART 2) | |
| 0 | CA | certify urial-tr | 41 | A | OR CONTRIBUTING CAUSE | OF DEATH | | DAY YEAR | | | | | | |
| O | 4YS1 | S Ce | = | MEDICAL | 216 INJURY OCCURRED | 21e. PLACE | OF INJURY | | 211 LOCATIO | | | | | |
| DIVISION OF VITAL | G Pt | the the | ked | X | WHILE NOT WHILE L | (AT HOME, STE | REET, FACTORY, OF | FICE, FARM, ETC.) | STREET | | | CITY OR TOWN | COUNTY | STATE |
| ۵ | Zo | Aft ofth | TO E | | 220 I certify that (1) (this | haspital) attended th | e deceased for | nm. | | 19 | to | | | hat (I) (we) last |
| | Z -a | OR OR | - 25 | | saw the deceased ali | ve an | 1 | | d that in (my) | | | an the date and | haur and from the c | |
| | ATT | ed for | E | | obove, (I) (we) (did) (d | did not) view the bady | after death. | 17 | DECEME | | -/- | | 22c DATE | |
| | the h | toch e De | # | | Homo | tom My | Elibert | w M | .P. 1 | ATTENDING | MEDICAL _ | STAFF | 10/ | 30/2/ |
| - 1 | PITA | ERA e de | Z | 1 | 22d. BHYSICIAN'S NAME | TYPE OR PRINT | 200 | 10010 | 22e ADDRES | 22 | | PHYSICIAN [| 1,70 | 1100 |
| | TOS | FUNE ould be | MPORTAN | | HOMAY | OPN UN | 10611 | BELL | 2155 | WIL. R | ENS | DVP | 21229 | , |
| | TO | Shoot start | M | 22 | BURNAL COEL LYSON SE | Law Sies | | 22. NAME OF T | 1111 | | | | | |
| | | | 1 | 230 | BURIAL, CREMATION, REMO | | | 23c NAME OF C | | | 23d LOCAT | TOWN | COUNTY | STATE |
| | BF | | - 4 | 24 | Burial | 11/3/8 | 36 | Arbutu | s Mem. | Park | | rbutus | Md. | |
| | | H - 16 60M | | 24 | FUNERAL DIRECTOR | | 1 2 0 0 ADDRE | ESS | | 1 | 3 _ 100 | RAR 751 REG | GISTRAR'S SIGNATU | JRE |
| | (| VRA 15, 4 |) | 1 | chas.A. | Rice FSPA | 1300 Eu | itaw Pla | ce | -104 | 0 100 | gall | a procedura. | andall. |



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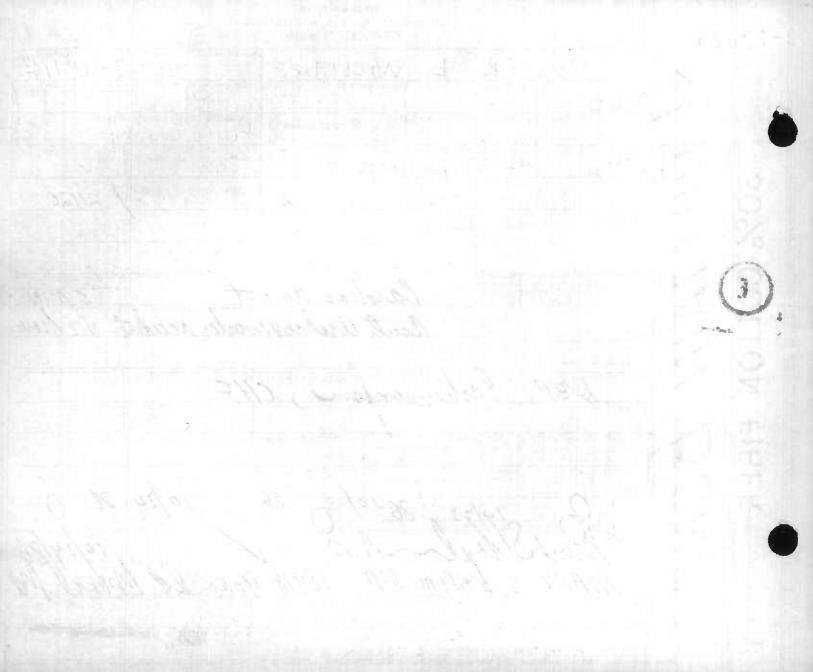
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| REG. NO. | | | | | |

| | 1- | FOR STATE REGISTRAR | DEPAR | | EALTH AND MENTAL HYG ICATE OF DEATH | IENE 8 6 | 2 | 7 8 | 2 5 |
|-----|---------------|--|--|---------------|--|--------------------------------|--------------|----------------------|-----------------------------------|
| 1 | | CEASED NAME FIRST | MIDDLE | L | AS1 | 20 DATE OF DEATH MO | NIH DAY | YEAR | 26 HOUR |
| | | Bessie | S, | Wil | liams | | 0 31 | 86 | 9 45 PM |
| 1 | 3 SEX | | 4 RACE | S. DATE C | | 6. AGE (IN YEARS LAST BIRTHD | MONTH | DAYS | HOURS MIN. |
| 1 | | Female | Chie | 12 | | 87 | YRS | 02.3 | MIN. |
| А | | | 76 CITIZEN OF WHAT COUNTRY | /2 8 | | 9 BALTIMORE CITY OR C | | EATH | |
| M | C | OUNTRY) | 11.6 A. | | D NEVER MARRIED | Da11 | P | 1 | |
| 쉬 | 10 (1 | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURS | WIDOWE | | 120 USUAL OCCUPATION | | WTY | MD. BUSINESS OR |
| 2 | 10 (1 | TOWSON | MANOR CAR | ET ADDRESS) | ton | (TYPE OF WORK FOR MOST OF W | | DUSTRY | . B03114E33 OK |
| 5 | | AL RESIDENCE (IF NURSING HOME OR TATE) | OTHER INSTITUTION GIVE RESIDENCE BEFORE TO THE TOTAL TO THE TOTAL TO THE TOTAL | | 13d INSIDE CITY LIMITS? | 130 STREET ADDRESS / ZI | IP CODE | . 2, | 1234 |
| 1 | 14 FA | THERS NAME | 1111111 | , | 15. MOTHER'S MAIDEN NA | ME NE | 7 7 | | |
| ٦ | | FIRST | MIDDLE | | FIRST | WIDDLE | | LAST | |
| 4 | 14 11 | William | | NS | | ADDRESS | | - 35 | |
| | | VAS DECEASED EVER IN U.S. AR/ | E WAR OR DATES) | | 17. INFORMANT | ADDRESS | and | | |
| 1 | | NO | 214-40-4 | 4434 | FANI | Thy RECO | 1417 | | |
| 1 | 7 | Canditians, if ony, which gave rise to immediate cause to, stating the underlying couse last | DUE TO, OR AS A CONSEO DUE TO, OR AS A CONSEO DUE TO, OR AS A CONSEO (c) ONDITIONS CONTRIBUTING TO | UENCE OF | NOT RELATED TO THE TERM | INAL DISEASE OR CONDIT | 100 GIVEN IN | PART No | |
| 2 | CERTIFICATION | 190 DATE OF OPERATION 196 CONDITION FOR WHICH | | | N WAS PERFORMED | | E FINDING | GS USED OF DEATH? NO | |
| 5 | CER | 210. ACCIDENT WAS UNDERLYING | 216 TIME OF INJURY | 7.74 | 21c HOW INJURY OCCURE | RED (ENTER NATURE OF INJURY IN | YES | R PART 2) | |
| 7 | THE RESERVE | OR CONTRIBUTING CAUSE OF DEA | | | | | | | |
| - | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINER) | P.M. 21e PLACE OF INJURY | 19 | 21f LOCATION | | | | |
| -1 | WE | | THE PEACE OF HAJORY | E FARM, ETC) | STREET | CITY OR TOWN | C | YIMUO | STATE |
| 4 | | K NOT WHILE L | | -7/ | 60 | | | - | |
| | | 22a certify that (1) (this haspit saw the deceased alive on above, (1) (we) (did) (did not | 10-21 10 | - | nd that in (my) (our) opinion o | death accurred on the date | and haur and | | hot (I) (we) last auses stoted |
| - 1 | | 226. SIGNATURE | 011 1 | | DEGREE | | 2 | 20 DATES | IGNED |
| 1 | - | 11116 | oull di | W | ATTENDING PHYSICIAN | MEDICAL STAFF | da | 11- | 3-86 |
| Н | | 224 PHYSICIANS NAME ON O | (Milit) | // | 122e ADDRESS | J DIRECTOR [] PHISICIAL | 74 | | 00 |
| | | DP. GHIL | ADI | | 7600 050 | LER DR. | | | |
| | 230 B | URIAL, CREMATION, REMOVAL | 23b. DATE 1 104 23 | NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | / | | |
| | Y. | SUICIAL | 10N. 7, 1706 P | HKLh | 1001) CEM | PATERVI | LLES | 13913 | MCD.MI |
| 1 | 24 FIJ | INERAL DIRECTOR | | 2 | 250 DATI | E REC D. BY REGISTRAR 256 | REGISTRAR'S | SIGNATU | IRE |
| | 7 | VANS CHAPE | LOF MENT | DKIES. | PARKVICKOV | 3 1986 | in Divido | m. Kan | dali |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 20. DATE OF DEATH (TYPE OR PRINT) 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX August 4, 1902 whtie I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Count Maryland U.S.A. WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17 KIND OF BUSINESS OR INDUŞTRY Watchman Railroad 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE Baltimore Parkton 728 Falls Rd. 21120 Maryland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Jennie Tracey John Willims 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS 728 Falls Rd. (YES, NO OR UNKNOWN) HE YES, GIVE WAR OR DATES) 717-07-6871 Lida C. Williams no Parkton, Maryland 21120 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Canditians, il any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON YES T 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME STREET FACTORY OFFICE, FARM ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220 | certify that (1) this haspital) attended the/deceased from Of our) apinian death accurred on the date and law and from the causes stated 22b. SIGNATUR 220 DATE SUGNED ATTENDING INTECTOR | PHYSICIAN PHYSICIAN . 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL ?3c NAME OF CEMETERY OR CREMATORY 23d LOCATION 236 DATE (SPECIFY) Pine Grove Cemetery Parkton, October 27 Baltimore, Maryland Burial 24 FUNERAL DIRECTOR 250. DATE REC'EXBINEGOR 250 REGISTRARS SIGNATURE Second & Franklin Street DHMH - 16 60M 7/B4 J.J. Hartenstein New Freedom, PA 17349 (VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 TO FUNERAL DIRECTOR. After this certificate has been signed by the attenshould be detached for use as the burial-transit permit. Then please remove a with the State Dept of Health and Mental Hygiene prior to burial, cremation, MAPORTANT, If them 21 is marked at them 18 shows any injury, or other traum.

STATE OF MARYLAND

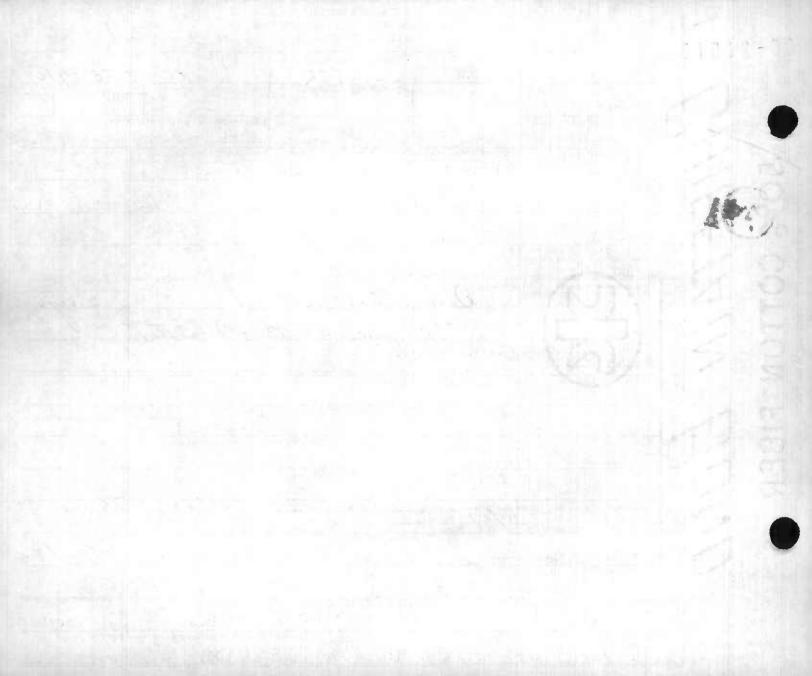
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

OCT 20 1986 Siche dayson finglish

| 4 | REGISTRAR | | | | CERTIF | ICATE OF I | PEATH | REC | NO. | Bista | | Post Company | |
|---------------|---|-------------------------------------|----------------------------------|---|-----------------|-----------------|---------------------------------|--|-------------------|-----------|------------------|--------------|----------|
| | DECEASED NAME | FIR51 | | MIDDLE | L. L | ANT | | 20 DATE OF DEAT | | DAY | YEAR | 26. HOU | R |
| 1 | YPE OR PRINT) | Caroli | ne : | Rohr | WI | NTER | | | 10 | 17 | 06 | 09 | 10 M |
| 3 5 | SEX | | 4 RACE | Control of the Control | 5. DATE C | | | 6 AGE (IN YEARS LAS | T BIRTHDAY) | | ERIYEAR | IF UNDER | 5 4 THO |
| 1 | Female | | W | hite | Dec. | | 0°2° | 83 | YRS. | MONTHS | DATS | HOURS | MIN. |
| las | BIRTHPLACE (STAT | E OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8. | D NEVER | AAPPIED [] | 9 BALTIMORE CIT | Y OR COUNT | Y OF D | EATH | | |
| | Mar | yland | U | SA | WIDOWE | | VORCED | Baltimor | e Coun | ty | | | MD. |
| | city or town of Randallst | own | Baltim | HOSPITAL, NURSIN HFACILITY, GIVE STREET ONE COUNT | v Gen | | | 12g USUAL OCCUP (TYPE OF WORK FOR MO HOMEMAK | ST OF WORKING | | KIND O DUSTRY | F BUSINE | SS OR |
| | ual residence (# 1. State Mary land | nursing fome or 116 COUN Balt | other institution TY imore | GIVE RESIDENCE BEFORE 134 CITY OR TOWN Woodlawn | ADMISSION) N | 13d INSIDE C | NO 🔀 | 13e STREET ADDRE 3600 Yen | | | Apt. | 2В, | 21207 |
| 0 | FATHER'S NAME FIRST Freder | ich | WIDD18 | Rohr | | U | S MAIDEN NAM FIRST NKNOWN | WIDDL | | | UNK | NOWN | |
| 160 | WAS DECEASED E | | WED FORCES? | 16b SOCIAL SECU | | 17 INFORMA | | | DRESS | | | | |
| | No | | | 212-05-2 | 2308 | Howard | Winter | , 29 Turk | Garth | | | | |
| | PART I. DEAT | H WAS CAUSE | BY. E CAUSE (a) | Deky | chal | tion | Vetha | ngt | | | BETWEEN | MATE INTER | |
| Н | | | DUE TO, O | R AS A CONSTQUE | NCPOF | . 0 | of m | (D. | 1 + | - | | 1 | |
| н | Conditions, if | any, which immediate | (b)_ | A. | lyp | scal | 6,15 | 3, 9- Blag | akely | 2 | | - | |
| | cause (a), s underlying c | | DUE TO, O | R AS A CONSEQUE | NYTEROF | | | | | | | | |
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| CERTIFICATION | 19a DATE OF OP | ERATION | 196 CONDI | ITION FOR WHICH | OPERATIO | N WAS PERFO | RMED | 20a AUTOPSY? | IN CERT | | | OF DEAT | H? |
| CERT - | 21a. ACCIDENT WA | S UNDERLYING | 21b. TIME O | | | 21c HOW IN | JURY OCCURE | RED (ENTER NATURE OF | | - | PART 21 | 110 | |
| | | CAUSE OF DEA | 111 | M. MONTH DA | YEAR 19 | | | | | | | | |
| MEDICAL | 21d INJURY OCC | | 21e PLACE | OF INJURY | | 211 LOCATIO | Й | 644.0 | RIOWN | | YINUC | | TATE |
| 2 | WHILE NO | T WHILE | (AT HOME STR | REET FACTORY, OFFICE, F | ARM ETC) | SIRECT | | CITY | K TOWN | | 201411 | 31 | AIE |
| | 220.1 certify tho | t Jr (this haspit | al) attended th | e deceased fram | 10, | 116 | 1986 | | 17 | . 19 6 | 6 | hat 🎶 (v | we) last |
| | saw the dec | eased alive an | view the bady | after death. | 6ar | nd that in (py) | (aur) opinian o | death accurred on th | e date and ha | our and | fram the | auses sta | ited |
| | 226 SIGNATURE | | | IV | 7 | DEGREE | | THE STATE | | 2 | c. DATE | SIGNED | / |
| | The state of | isa | 22- | L. K | 1 M | | PHYSICIAN [| MEDICAL S | STAFF SICIAN D | ' | 10/1 | 2/ | 86 |
| | 274 PHYSICIAN | //1- | and I | TYP | | 22e ADDRES | SR | 0 6 | · [-f | | | | |
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| L | Hubbard Fu | meral F | Home. Ir | ADDRESS 4107 | Wilke | 2122 | חרז | 20 1006 | 10 6 | | 201 | estable by | |
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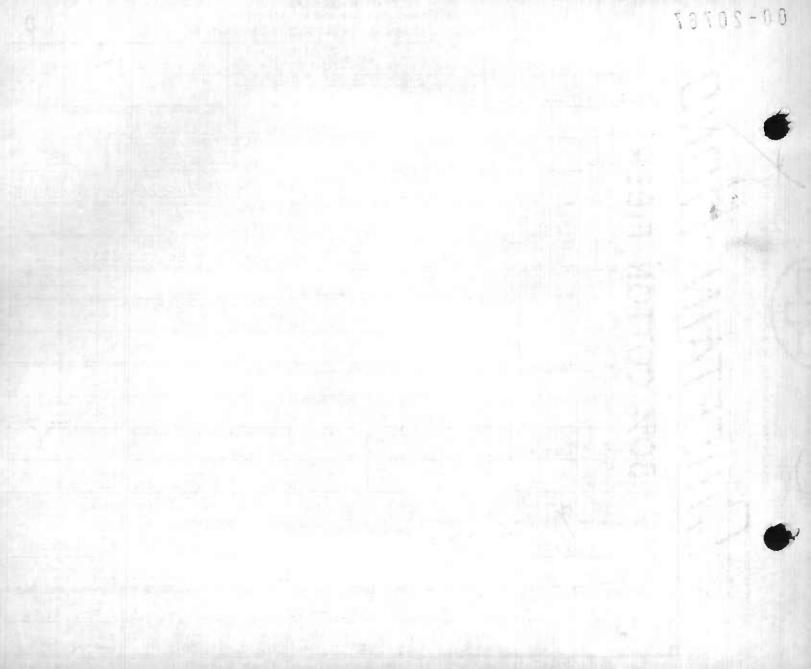
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| | | | CEASED NAM | E FIRST | | MIDDLE | | l. | AST | | | 20 DATE | KNOWN | MC | HIM | | | 2h HOUR |
| | Ward With | 1 | LORPRINTS | Mildr | red | S. | . 39 | Whe | elan | | 7.4 | DEATH | MATED | XX : | 10-1 | 1 198 | 36 | |
| | ASESE | 1.5EX | | 4 RACE | S. DATE OF BIRTH | | & AGE (IN YEAR | | | IF UNDER | 24 HRS | 2c. DATI | E | MO | нти | DAY | YEAR | 24, HQU |
| | DINE DINE DIN SI | Fe | male | Cauc. | 9-10-19 | P26 | 60 YRS | MONTH | DAYS | HOURS | MIN. | | | | 10-1 | .2 19 | 36 | a., |
| - | 83.1671 | Te. BI | RTHPLACE (S | TATE OR | 76. CITIZEN OF WH | AT COUN | ITRY? | MARRIE | D NEV | VER MARRI | ED [| 9. BALTIA | MORE CIT | Y OR CO | YTMUC | OF DEA | TH | |
| • | 22/2 | Pa | | | USA | | | WIDOWI | - | | - | Bal | timor | ce Co | ount | У, | | ME |
| 7 | WHITE N | 10 CI | TY OR TOWN | OF DEATH | 11. NAME OF HOSE | | | OR OTHE | RINSTITUT | TION | 12a USU | JAL OCCL | JPATION (| TYPE OF W | ORK 12 | KIND | OF BUS | INESS |
| V | ROAR OF | Ba | ltimor | re | 7100 Eas | | | 2 | | | Но | mema | ker | | | | | |
| 1 30 | 20200 2 | 13a. S | | (IF IN NURSING HOME C | OR OTHER INSTITUTION, GIV | E RESIDENCE | OR TOWN | 11 | 134 INCIDE U | ITY LIMITS2 | Isa STP | EET ADDR | FSS | | | | 9.0 | |
| 1 | 3300000 | Md | | 130 COOK | | Bal | | | YES X | NO 🗌 | 12 | 43 F | Armis | stea | ad I | Nay | 21 | 205 |
| 19 | 是特殊力 | H. FA | ATHER'S NAME | | MIDDLE | | LAST | | 15 MOTHE | R'S MAIDE | NNAME | | AA IDDI E | | | 1.457 | | |
| 1 | 348 37 | An | drew | Saga | | | FV31 | | | | | | MIDDE | | | CASI | | |
| No. | SACON D | 16a V | | DEVER IN U.S. ARA | MED FORCES? | 16b. SOC | IAL SECURITY | NO. | 17 INFORM | TAANT | | | ADDRE | SS | | | | |
| ALI | A SA | no | ES, NO, OR UNKNO | (IF TES, GIVE | WAR OR DATES | 166 | -20-28 | 47 | Bett | ty Bo | onif | ace | Ste | venv | vil: | le, | Md | • |
| 2 | N N N N N N N N N N N N N N N N N N N | | 18 CAUSE C | | ly one cause per line | | | | | | | | | | | APPRO | XIMATE | INTERVAL AND DEATH |
| 2 | A SERVE | | PARTIDE | ATH WAS CAUSED | TE CAUSE (a) Mul | tiple | e Gunsho | ot Wo | ounds | of He | ead t | & Che | est | | | | | |
| STO | A E O E E O | | | | | | SEQUENCE O | | | (u | nspe | clile | ea) | | | | | |
| 28 | H-SAN AS | | | ns, if any, which se to immediate | (b) | | | | | | | | | | | | | |
| 3 | NA PARA | | cause (a | stating the under- | | AS A CON | SEQUENCE OF | | | | | | | | | | | |
| 20 | DAM DO | | lying cau | ise last. | (c) | | | | | | | | | | 10 | | | |
| DS. | AN SERVE | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). | | | | | | | | | 1000 | | | | | | |
| 8 | SEA TO SEA | No. | 3 | | | | | | | | | | | | | | | |
| # | 3# A # 7 | CERTIFICATION | 19a. DATE OF | OPERATION | 19b. CONDIT | ION FOR | WHICH OPERA | TION W | AS PERFOR | MED? | | | | | 1 | 20 AUT | OPSY? | |
| TA A | R CHIEF BE USET BUREAL | E | B.F. IT | | | | | | | | | | | | 70 | YES | XX | NO 🗌 |
| 40 | A HE WEN | 8 | | L CAUSE WAS | 21b. TIME OF | INJURY | (est.) | 21c. HO | W INJURY | OCCURRE | D (ENTER ! | NATURE OF IN | NJURY IN ITEM | 18 PART 1 | OR PART 2 | () | | |
| 2 | STOSES | 3 | UNDERLYING CONTRIBUTI | OR NG CAUSE OF E | DEATH ? P.M. | 10- | -11 1986 | sul | piect | was : | shot | | | | | | | |
| /ISI | EN CONTRACTOR | MEDICAL | 21d INJURY | | 21e PLACE C | FINJURY | (AT HOME, | 21f LOC | | | | | | | | | | |
| ä | ARED ARED SOLUTION | 2 | WHILE AT WORK | NOT WHILE AT WORK | | use | (C.) | | | stern | Ave | | | Co., | Mai | rvla | nd | STATE |
| | EST ST | | | | e of the remains desc | | we held as | | | | | | | | | | | |
| | MAN DEN | | death result | /3/3 | [20] | Acident | | | | | | . , | - | 7 | пуории | On | | |
| | SAN SERVICE | | gedin result | | 11 1 | Zh. | L, 3010 | de L, | | | Onder | ermined m | ionner _ | ٠. | | | | |
| • | ##0453 | | ACTUAL SIGNATURE | 1 Mil | 1.90 | 1100 | ~ | Μ. | Acc. | istan | t | CALEVA. | | D | ATE | 10 | -12 | -86 |
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| | | 1 | EXAMINER'S (TYPE OR PRI | NAME Cha | arles P. K | okes | , M.D. | | DDRESS_ | 111 | Penn | St., | Bal ⁻ | to., | Md | . 2 | 120. | 1 |
| | 524544 | 23a B | - | TION, REMOVAL 2 | 36 DATE | 23c 1 | NAME OF CEM | TERY OF | CREMATO | ORY | 23d. LC | CATION | | | COUNTY | | STA | ı1E |
| 07/84 | BP | Bu | rial | | 10-15-8 | 6 Но | ly Ser | ulc | | | | | | | a, I | Pa. | | - |
| 25M | DHMH - 17 | SC. | neral direct | ek Funer | ral Home | . In | C. | | | 25a. DATE F | REC'D. BY | REGISTR. | AR 25b RE | | | | | |
| | (VR A15 ME (5)) | | | | ne, Balt | | | 121 | 3 | 00 | 11 | 4 198 | 6 | 000 | o a Manager | Jan. 1 | · Birelia | Han |
| | | | | | | | | | | | | | 100 | | | | | |



ofter

death certificate be executed within 24 hours

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or ottending physician.

| STA | ATE O | F M | ARYL | AND |
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 6 | 2 | 1 | 8 | 00 |
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| REG. NO | | | | |

| ĺ | 1- | FOR STATE REGISTRAR | | | DEPARTI | | HEALTH AND A | | IENE 3 6 | 2 | 7 8 | 3 | 1 |
|---|----------------|---|---|-------------------|--|--------------|----------------|------------------------------|---|---------------|---------------------------------------|----------------------|----------------|
| | | CEASED NAME OR PRINT) | Charl | es . | H. | | WHITE | | October 3, | | DAY YEAR | 1:05 | a _M |
| i | 3 SEX | X | | 4 RACE | | 5. DATE | | Desc. | 6. AGE (IN YEARS LAST BIRT | | IF UNDER ! YEAR | | |
| | N | Male | | Cauc. | | MONTH 4 | 28 | 1921 | 65 | YRS | MONTHS DAYS | HOURS | MIN. |
| 1 | | RTHPLACE (STATE O | R FOREIGN | 76 CITIZEN OI | WHAT COUNTRY? | 8 AAADDIG | D NEVER A | AAPPIED T | 9 BALTIMORE CITY O | R COUNTY | | | |
| 2 | | Maryland | | U.S.A | | WIDOW | | ORCED | Baltimore | Count | y | | MD. |
| 1 | (IF NOT IN SUC | | | | HOSPITAL, NURSIN ICH FACILITY, GIVE STREET IN Square | ADDRESS) | OR OTHER INST | NOITUTI | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST O | F WORKING LIF | E) INDUSTRY | of Busines ay Mea | |
| ĕ | 130. S | AL RESIDENCE IF NU | RAING HIGHE DI | | N GIVE RESIDENCE BEFORE | | 113d INSIDE CI | TY LIMITS? | 13e.STREET ADDRESS | ZIP CODE | 1113 | | |
| á | | Maryland | Y | | Baltimo | re | YES 🛣 | NO 🗌 | 1606 Jopli | n Str | eet - | Pity 2 | 1224 |
| 2 | I4 FA | Unknown | | WIDDLE | LAST | | | MAIDENNAM FIRST deline | WIDDIE | | Schi | ımaker | |
| 2 | | VAS DECEASED EVE | | MED FORCES? | 166 SOCIAL SECU | JRITY NO. | 17 INFORMA | NI | ADDRE | SS | | | |
| 2 | | No | (# 165,011 | t train on parts; | 071-16-1 | .950 | Mrs. He | len Wh: | ite - 1606 | Jopli | n Stree | et - 2 | 1224 |
| 7 | CERTIFICATION | gave rise to in cause (a), stat underlying caus PART 2 OTHER SIG | Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 190 DATE OF OPERATION DUE TO, OR AS A CONSEQUE (b) FSOPRAGE (c) DUE TO, OR AS A CONSEQUE (c) 190 DATE OF OPERATION 190 CONDITION FOR WHICH | | | | | | 200 AUTOPSY? | 20b. IF YES | S, WERE FINDS | NGS USED | 1? |
| 4 | CERT | 210. ACCIDENT WAS U | NDERLYING | | OF INJURY | | 21c. HOW IN | JURY OCCURR | ED (ENTER NATURE OF INJUR | | | 140 | |
| 7 | | OR CONTRIBUTING | | AIH | A.M. MONTH DA | AY YEAR | 100 | | | | | | |
| | MEDICAL | 21d INJURY OCCU | RRED | 21e PLACE | OF INJURY TREET FACTORY, OFFICE F | | 211. LOCATIO | N | CITY OR TO | wn | COUNTY | STA | ATE |
| | | 220.1 certify that is saw the decea abave, if (we) | sed alive an | _Octob | he deceased from _ er_319 y after death. | | | | , to October death accurred on the do | | 19 <mark>86</mark> Ir and fram the | that H (we | |
| | J | 226 SIGNATURE | | t | | 100 | DEGREE | TYPLIDALO | | | 22c DATE | SIGNED | |
| | | * | 16m | ~ | | | F | TTENDING PHYSICIAN | MEDICAL STAF DIRECTOR PHYSIC | | 10/0 | 3/86 | |
| | | 22d PHYSICIAN'S N | | | | | 9000 | s Frankli | n Sa. Dr | 21237 | 7 | | |
| | 23a B | BURIAL, CREMATION | | | 23c 1 | NAME OF C | EMETERY OR C | | 23d LOCATION CITY OR TOWN | | COUNTY | STA | . 7.5 |
| | | Buria | 1 | 10/6/ | ′86 St | . Sta | nislaus | | CIT OR TOWN | Ва | altimor | | D. |
| | | JNERAL DIRECTOR | | | | | | 25a. DATE | PETOPES | | RAR'S AIGNA | | - |
| | Wo | alter Dahi | rowski | - 1005 | Dundalk | Avenu | e 21224 | Die | 1 0 1000 | 9 | | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phy car, as should be detached for use as the burial-transit permit. Then please remove carbon paners Tags with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal the TAGS of the Mental Hygiene prior to burial, cremation, or removal to the Mental Hygiene prior to burial, cremation or removal.

alter ... browski - 1 yl unigits ... venue 21224

AVELS - ED-13 MARCHAEL TO LANG JOHNAN STELLE - SIEZA

Sales Sylles Sales Houses

1306 Don'th Street - Out 21220

And theore, 12.

| | | ١, | FOR | | D | | | ARYLAND AND MENTAL H | YGIENE | | | | 460 |
|--------------|--|---------------|---|--|-------------|---------------------------|---------------|--|-----------------------|---------------|---------------|------------|----------------|
| 00-1 | 21125 | | STATE REGISTRAR | | MED | ICAL EXAMIN | VER'S | ERTIFICATE C | F DEATH 6 | REG. N | 2 / | 8 3 | 2 |
| 0 0 | 41143 | | CEASED NAME FIRST | | | WIDDLE | | LAST | 20 DATE | KNOWN X | | DAY YEAR | 26 HOUR |
| | 38.5.8 € 1 38.5.8 € | (17) | e OR PRINT) Shir | lev | 2 | ē Ē | W. | idzbor | OF DEATH | MATED [| ī 10 | 1319 8 | 6 |
| | REGERAL STATES | 3. SE | | S. DATE OF | BIRTH | 6. AGE (IN Y | EARS IF UN | DER I YR. IF UNDER | | - | MONTH | DAY YEA | R 2d HOUR |
| | 7.88.5.7 7.88.5.7 | E | MALE WHITE | MONTH 9 | 25 | YEAR LAST BIRTH | | HS DAYS HOURS | MIN. PRONOUN DE AD | | 10 | 13 19 8 | 6 1:40A |
| Page 1 | ALAN | 76 B | RTHPLACE (STATE OR | | | AT COUNTRY? | Tr. | | 9. BALTIM | ORE CITY | | Y OF DEATH | <u> </u> |
| | NECESSARY, PLEASE UNREAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS WATHIN 72 HOURS WATHIN 72 HOURS | | VIRGINIA | | US | a | WIDOW | ED NEVER MARR | | more | — Count | 3.7 | |
| | S S S S S S S S S S S S S S S S S S S | | TY OR TOWN OF DEATH | II. NAME O | | ITAL NURSING HOM | | | 120 USUAL OCCU | | | | BUSINESS |
| | F AND DELAY IS NECES, AND 3 TO THE FUNKER SHOWN PAGE 5 FOR SHOULD BEFLIED. WITH PECKEDS 231 W. PRECEDS 231 W. P | | DUNDALK | (IF NOT IN | SUCH FAC | it Rd. & M | | | FOR MOST OF WOR | KING LIFE! | | OR INDU | |
| = | AND SEP | | AL RESIDENCE (IF IN NURSING HO | AE OR OTHER INSTITU | | RESIDENCE BEFORE ADMIS | SION) | T3d INSIDE CITY EIMITS? | 13e. STREET ADDRE | 5.5 | | | |
| 21201 | AND SON | 130. 3 | | 9LTO. | | DUNDA LI | C | YES NO S | 7871 KE | | 4 RA | . 21 | 222 |
| WD. | - 25.3.2. T | 14. F/ | ATHER'S NAME | | | | | 15 MOTHER'S MAIDI | EN NAME | | 1 | | |
| | TE SESSION | | Nm , | MIDDLE | | HUTCHINS | 00) | VIRGINI | | IDDLE | | HIFLE | TT |
| BALTIMORE | 0 × 8 0 0 | 160 V | VAS DECEASED EVER IN U.S. | ARMED FORCES | 5? | 166. SOCIAL SECURI | | 17. INFORMANT | 7 | ADDRES | | | 1222 |
| Ę | HANGE / | () | ES, NO, OR UNKNOWN) (IF YES, G | IVE WAR OR DATES] | | 219-40- | 1790 | RICHARD | WINZBOR | SP | 7871 | KENTL | - 4 |
| 3 | 1 | H | 18 CAUSE OF DEATH (Enter | only one couse | per line f | 1 | 770 | 76101174.00 | | 0141 | | | ATE INTERVAL |
| 72 | Page 1 | - | | | | tiple inj | iries | | | | | BETWEEN ON | ISET AND DEATH |
| PRESTON ST | 医自动性温度 | / | 8/5 MMED | | | AS A CONSEQUENCE | | | | - 6 | | | |
| ES | ELEVE I | | Conditions, if ony, wh | | | | 0. | | | | | | |
| W. | 100 mm (100 mm) | | gave rise to immedia cause (a) stating the und | | , | IS A CONSEQUENCE | 05 | | | | | | |
| 201 V | JUD BE EXECUTED "PENDING" IN PEN ED AS A BURIAT HEALTH AND MEN IL, CREMATION OF | | lying cause last. | | | S A CONSEQUENCE | Or | | | | | 1 | |
| | BE EXECUTE ENDING" IN WEDICAL EX AS A BURIN ALTH AND CREMATION | - | PART 2 OTHER SIGNIFICANT CONDITION | (c) | | ET NOT RELATED TO THE YER | MINAL DICEAC | CON CONDITION CIVEN IN BA | BY Y | | | | |
| RECORDS | S A B B C B B C B B C B B C B B C B B C B B C B B C B B C | 2 | | TO THE PART OF THE | O OCKIIII O | , nor keekied to the tek | MINAL DISCASI | COX CONDITION GIFTEN IN FA | RI 1 (0) | | | | |
| REC | MEDIN AREDIN | CERTIFICATION | 196. DATE OF OPERATION | 19h (| CONDITI | ON FOR WHICH OPE | RATION W | AS PERFORMED? | | | | 20 AUTOPS | . V2 |
| IĀ | ZOBSTA / | FIG | 11.5 TO 1 | | | | | | | | | | |
| OF VITAL | THIS CERTIFICATE SHE WORK WARDED TO THE CHANGED TO THE CHANGE SHOULD BE UATE DEPARTMENT OF 21201 PRIOR TO BUR | ER | 21e EXTERNAL CAUSE WAS | 216. 7 | IME OF | INJURY | 71c.HC | OW INJURY OCCURRE | D LENTER NATURE OF IN | URY IN ITEM 1 | PART I OR PAR | YES X | NO |
| | SHEET STATES | | UNDERLYING TOR | | 4 9 XX | MONTH DAY YEA | AR | river in a | | | | | |
| DIVISION | SHOW SHOW | MEDICAL | CONTRIBUTING CAUSE C | | | K 10 13 ₁₉ | | CATION | uco/lixea | objec | C TIIID | act | |
| 2 | S CE | 뿔 | | X 7 | | ORY, FARM, ETC) | 5 | TREET | CITY OR TO | | COU | | STATE |
| | E, WRIT RWARDE PAGE 3 STATE D | | AT WORK AT WORK | | roac | 1 | | thPoint Rd | & Morse I | _ane | | Balto | ·MD. |
| | FORW. P. | | 220 I certify that I took ch | arge of the remo | oins desc | ribed above, held an | Autop | sy X Inspectio | n . Inquiry | L 0 | nd in my opi | nion | |
| | WE WE SE | | death resulted fram: 🤌 No | itural causes | | Accident | uicide d | - Hamitide | Undetermined mo | nner | | | |
| Y | ZHE HE | | ACTUAL AUD | 11 | (| 18611 | 111 | TITLE SEEDERY | 1 | | | | |
| C 10 | AHUNHA HENNA | | SIGNATURE | UU | 111 | INPU | 71 4 | 6 Assistant | MEDICAL EXAM | INER | DATE | 10/1 | 3/86 |
| | S S S S S S S S S S S S S S S S S S S | | EXAMINER'S NAME . | | | | | 222 | | - 1. | | | |
| | TO MEDICAL EXAMINER: IT EXECUTE THE CERTIFICATE; PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH WITH THE SIX BATCHOORE, MARTHANDES | | (TYPE OR PRINT) | | · Sr | myth, M.D. | | The state of the s | Penn St. | Balt | co.MD. | | |
| | ED5149 | 230.B | URIAL, CREMATION, REMOVA | 1 | | 23c. NAME OF CE | METERYO | RCREMATORY | 23d LOCATION | - | COUNT | ту | STATE |
| 07/84 25M | BP | | BURIAL | 10/1 | 6/80 | HOL | 44 | HILL | | B | ALTO | | md. |
| Z.JIVI | DHMH - 17 | | NAME NAME | | ADDRESS | | 1 | 250. DATE | REC'D. BY REGISTRA | R ZSB REG | ISTRAR'S SE | GNATURE | |
| | (VR A15 ME (5)) | 0 | ONNELLY | FUNER | LAL | HOME OF | DUN: | DALK / U | 1/0 | 9 | | | |

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W Selv in C street sources

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W. PRESTON ST

DIVISION OF VITAL RECORDS, 201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 8 | 6 |
|---|----------|
| - | REG. NO. |

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| REGISTRAR | | | CERTIF | ICATE OF DEATH | B B REG. NO. | . / 0 | 0 0 |
|--|---|---|---|-------------------------|---|----------------------|----------------------------------|
| 1 DECEASED NAME | FIRST | MIDDLE | , L | AST | 20. DATE OF DEATH MONTH | DAY YEAR | 26 HOUR |
| | ELIZABETH | M. WII | LDBE | RGER | OCTOBER 8 19 | 86 | 9.001 |
| I-SEX | 4 RACE | | 5. DATE C | | 6 AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS | IF UNDER 24 HRS |
| FEMALE | WHIT | E | JUL | Y 22 1887 | 99 YRS | MONINS DATS | HOURS MIN. |
| TO BIRTHPLACE (STATE OR FOR | REIGN 76 CITIZEN OF | WHAT COUNTRY? | 8 MARRIEI | D NEVER MARRIED | 9 BALTIMORE CITY OR COUNT | Y OF DEATH | ^ |
| MD. | U.S. | | WIDOWE | DINORCED | BALTIMORE | CITY | D, MD. |
| 10 CITY OR TOWN OF DEATH | | HOSPITAL, NURSING | | OR OTHER INSTITUTION | 120 USUAL OCCUPATION | 126 KIND OF | F BUSINESS OR |
| BALTIMORE | MERIDIA | N NURSING | IREGIADDRESS) NG CENTER-HERITAGE (TYPE OF WORK FOR MOST OF WORKING HOMEMAKE R | | | (IVE) | |
| JSUAL RESIDENCE (IF NURSING | | GIVE RESIDENCE BEFORE A 13¢ CITY OR TOWN BALTIMOE | | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP COL 1109 TRAVIS | WAY 2] | 1222 |
| 14 FATHER'S NAME | | | | 15 MOTHER'S MAIDEN NAM | | WALL 23 | |
| WILLIAM | MIDDLE | SMITH | | CATHERI | NE | FRA | NK |
| 160 WAS DECEASED EVER IN | U.S. ARMED FORCES? | 166. SOCIAL SECUR | ITY NO. | 17 INFORMANT | ADDRESS 2 | 000 0' | DELL AV |
| NO | (TES. OILE WAN ON DATES) | 217-01- | 872 | CATHERINE | GOODRICH (DO | HTR) | 21237 |
| PART I. DEATH WAS | (Enter only one cause per S CAUSED BY: AMEDIATE CAUSE (a) | line far (0), (by and | c | v J | | APPROXI BETWEEN C | WATE INTERVAL ONSET AND DEATH |
| In the second | DUE TO, O | R AS A CONSEQUEN | NCE OF | | | | |
| Conditions, if any, v | | | | | | | |
| gave rise to immer cause (a), stating | the DUE TO, O | R AS A CONSEQUEN | ICE OF | | | | |

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 119 90 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [

710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. HTMOM DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM ETC.) NOT WHILE

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

21f LOCATION CITY OR TOWN

saw the deceased alive on. nd that in (my) (aur) apinion death accurred an the dote and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF

PHYSICIAN

22d PHYSICIAN'S NAME THE OF PRINT DR. ASHOK CHATTERJEE

220.1 certify that (1) (this hospital) attended the deceased from

Annapolis Rd. 3927

DIRECTOR PHYSICIAN

| 0 | BURIAL, CREMATION, REMOVAL | 236 DATE | |
|---|----------------------------|----------|-----|
| | ISPECIFY) | 10/11/ | 0.0 |

23c NAME OF CEMETERY OR CREMATORY ST. JOHN'S CEM.

22e ADDRESS

BALTIMORE

FUNERAL HOME, INC. 3331 Brehms Lane, Balto. Md. 2121B

MD 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

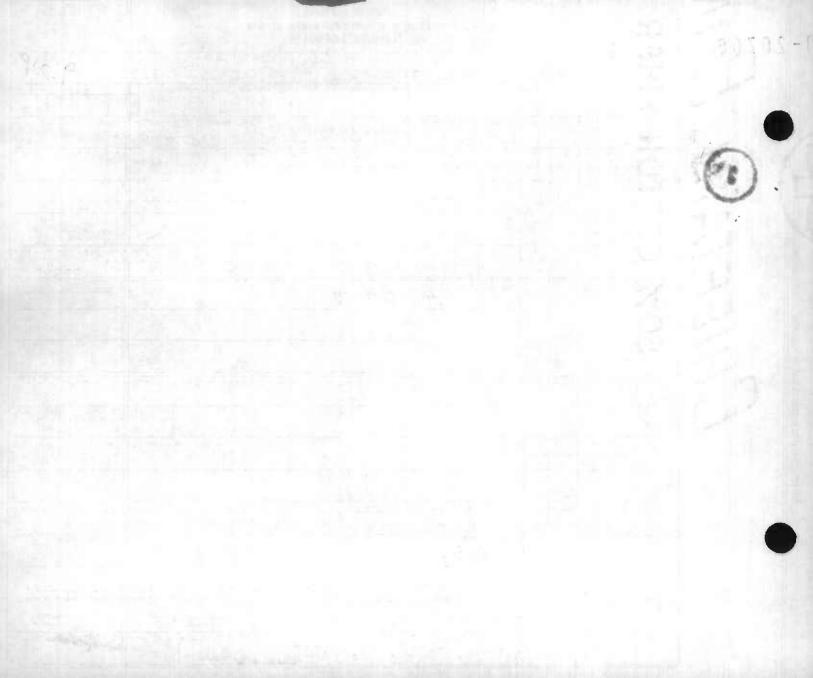
FUNERAL MPORTANT. id b BP.

CERTIFICATION

MEDICAL

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DHMH - 16 60M 7/B4 (VRA 15, 4)



BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

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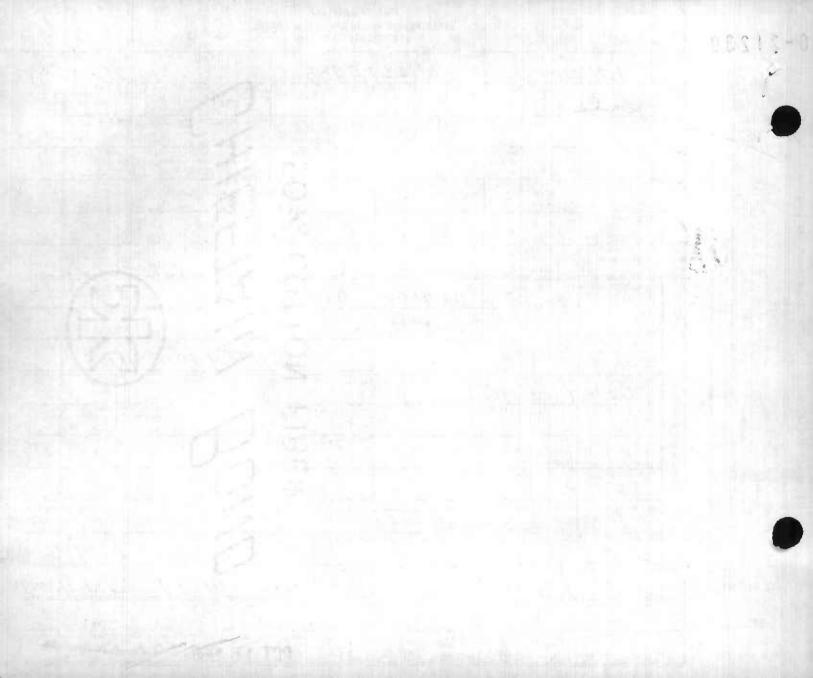
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 8 | REG. NO. | 2 | 7 | |
|---|----------|---|---|--|
| - | REG. NO. | | | |

7 14

| | - STATE REGISTRAR | | CERT | IFICATE OF D | ATH | B S | NO. | 2/1 | 5 0 4 |
|---|--|---|--|---------------------------------|--------------------------------------|--|-------------|------------------------|---|
| | 1. DECEASED NAME FIRST (TYPE OR PRINT) KATHER | MARY | | VILLHIDE | | 20 DATE OF DEATH | 10 | DAY YEAR | 26. HOUR A 1:50 A |
| 1 | 3 SEX | 4. RACE | | OF BIRTH | | 6. AGE (IN YEARS LAST B | IRTHDAY) | IF UNDER 1 YEAR | IF UNDER 24 HRS |
| i | FEMALE | WHITE | MON | | YEAR 00 | 86 | YRS | MONTHS DAYS | HOURS MIN. |
| 1 | 76. BIRTHPLACE ISTATE OF FOREIGN | 76. CITIZEN OF WHAT | COUNTRY? 8 | IED NEVER M | APPIED T | 9 BALTIMORE CITY | OR COUNT | Y OF DEATH | |
| 4 | BALTO., MD. | U.S.A. | WIDOV | VED N DIV | ORCED | | | COUNTY | MD. |
| 1 | 10 CITY OR TOWN OF DEATH ESSEX | RIVER | TAL, NURSING HOME TEW ST NURSIN | G CENTER | | 12a USUAL OCCUPA (TYPE OF WORK FOR MOST | HOMEM | AK INDUSTRY | OF BUSINESS OR |
| 1 | MARYLAND | VIY 13c C | ESIDENCE BEFORE ADMISSION LITY OR TOWN LITIMORE | 13d INSIDE CIT | NO 🗌 | | DIN S | T. 212 | 24 |
| 4 | JOHN I | OUIS | WEBER | 15. MOTHER'S | MAIDEN NAM TRUDE | ELIZA | BETH | UNK | NOWN |
| 3 | 160 WAS DECEASED EVER IN U.S. AR | | 6.20.0488 | 17 INFORMAN 2404 I | GERT | RUDE E. SO LANE, BAL | | E, MD. | 21234 XIMATE INTERVAL |
| 4 | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (19a, DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING | DUE TO, OR AS A | A CONSEQUENCE OF A CONSEQUENCE OF BUTING TO DEATH BI | culture. | | NAL DISEASE OR CO | 20b. 1F YI | ES, WERE FIND | INGS USED |
| | TIFIC | | | | | YES NOW | | TRYING CAUSE YES [] | S OF DEATH? |
| | OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did) (did not account to the saw of the sa | P.M. 21e. PLACE OF IN (AT HOME, STREET, FA (101) attended the dec (1) view the body after A NESS | MONTH DAY YEA 15 JURY CTORY, OFFICE, FARM, ETC.) eosed from form death. | and they in (my) (DEGREE A) P P | 1983 our) opinion d TENDING HYSICIAN | ASTERN | date and ha | 19 School and from the | state that (I) (we) last e causes stated E SIGNED H SC |
| | 230. BURIAL, CREMATION, REMOVAL BURIAL | 10/6/198 | | CEMETERY OR C | ERY | BALTIMOR | | | MARYLAND |
| | 24 FUNERAL DIRECTOR WATTHEW ROOKS RD7 | DIEVING I | NI INTERNATION | 21222 | | REC'D. BY REGISTRA | | | |



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH LIYPE OR PRINTS JAMES W WITLSON OCTOBER 30,1986 & AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4 RACE 5 DATE OF BIRTH IF UNDER TYEAR JELINDER 2.1 HPS YE AR To BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY WIDOWED [DIVORCED DR NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130. STATE 13h. COUNTY 130 STREET ADDRESS ZIP CODE 13d INSIDE CITY LIMITS? 5009 Good NOW NO [4 FATHER'S NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMAN (YES NO ORALINKNOWN) (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) cardiopulmonary arrest 20 mins. DUE TO, OR AS A CONSEQUENCE OF xxx mins. pneumothorax & (presumed) Conditions, if ony, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last lung cancer-metastatic from colon l vear PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a cord compression, xxxixxxx radiation fibrosis of lung 196 CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES NO [71n ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE OCTOBER 14 220 CTOBER 30 saw the deceased alive an OCTOBER 30 above, (I) (did nat) view the body after death. and that in (my) (aur) apinion death occurred on the date and hour and fram the causes stated 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS CHURCH HOSPITAL CORPORATION ould b 100 N. BROADWAY, BALTIMORE, MD. 21231 CAROL S. RAMSEY, D.O. 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b. DA/TE 23d LOCATION md NALIENAL MENT FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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| The state of the s | TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the déath retiticate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. | TO FUNERAL DIRECTOR. After this certificate has been signed by the ottend or principal of completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove containing theses 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, a general | IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumotter the medical examines must be hatiful or other |

FOR - STATE REGISTRAR

| | | CEASED NAME | FIR51 | | AIDDLE | - | LAST | 20. DATE OF DEAT | н момтн | DAY | YEAR | 2b HOL | JR T | |
|------|---------------|--|----------------------|-------------------|----------------------------|---|----------------------------------|--|--------------------|------------|-----------------|-----------|----------|--|
| | TTPE | OR PRINT! | Mary | | Jane | Wol | fe | 10-4-19 | 86 | | | 5 A | M.M. | |
| | 3 SEX | X | | 4. RACE | | 5 DATE C | OF BIRTH | 6 AGE (IN YEARS LA | ST BIRTHDAY) | IF UNDE | | IF UNDER | R 24 HR5 | |
| | | Female | | White | | 10- | 6-1919 YEAR | 66 | YRS | MONTHS | DAYS | HOURS | MIN. | |
| | | RTHPLACE (STATE C | OR FOREIGN | | WHAT COUNTRY? | 8 MARRIE | D MEVER MARRIED | 9 BALTIMORE CIT | Y OR COUN | Y OF DE | ATH | | | |
| 7 | | Md. | | U.S.A. | | WIDOWI | DIVORCED | Balto. County MD. | | | | | | |
|) | | Balto. | | 7274 | Gough St. | ADORESS) | or other institution | 120 USUAL OCCU (TYPE OF WORK FOR M Housewi | OST OF WORKING | | KIND O USTRY | BUSINI | ESS OR | |
| 5 | 13a S | AL RESIDENCE (IF NE | 13b COUN | | 136. CITY OR TOW Balto. | /N | 134 INSIDE CITY LIMITS? YES NO K | 13e STREET ADDRE 7274 Go | | | 224 | | | |
| 2 | 14 FA | Bernard | | MIDOLE | Lavery | | Mary Mary | ME | | Whela | easi | | | |
| | 16a. V | VAS DECEASED EVE | | MED FORCES? | 166 SOCIAL SECU | JRITY NO | 17 INFORMANT | AE | DRESS | | | | | |
| | . ' | NO OR UNKNOWN) | (163.011 | E WAR OR GATES | 219-01-9 | 286 | Ralph J. Wol | olfe, Sr., Same as 13e | | | | | | |
| | | 18 CAUSE OF DEATH lEnter only one cause per live prilot, (b), and c PART I. DEATH WAS CAUSED BY: | | | | | | | | | | | | |
| | 201 | PART I. DEATH | WAS CAUSE IMMEDIA | | licut | e u | w contia | e nice | ret. | | | | | |
| æ | | 100000000000000000000000000000000000000 | | DUE TO O | R ASTA CONSEQUE | ENCE OF | . 1 | -0 | | | | 6.57 | 11-11- | |
| o di | | Conditions, if or | ny, which | (b) | adro | nes | arkers | Selen | e c | | | | | |
| | | gove rise to in | | DUE TO OF | AS A CONSEQUE | ENICE OF | ontrossa | en Ri | res | × - | | | | |
| | | underlying couse lost. | | | | | | | | | | | | |
| | NO | PART 2 OTHER SIGNIFICANT CONDITIONS | | | INTRIBUTING TO | TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 | | | | | | | | |
| 7 | CERTIFICATION | 190 DATE OF OPER | ATION | 196 CONDI | TION FOR WHICH | Ф PERATIO | N WAS PERFORMED | 20a AUTOPSY? | | ES, WERE | | | | |
| 7 | E | SALES IN | | | | | | YES TI NOT | | IFYING C | AUSES | OF DEAT | | |
| _ | CER | 210. ACCIDENT WAS U | INDERLYING | | | | 21c HOW INJURY OCCURR | | | | PART 2) | | | |
| , | | OR CONTRIBUTING | | | M. MONTH DA | AY YEAR | ROSE WITH | | | | | | | |
| | MEDICAL | 21d INJURY OCCU | | 21e PLACE | OF INJURY | | 21f. LOCATION | YOUR TO | | | | | | |
| | ¥ | WHILE NOT | WHILE O | (AT HOME STR | EET, FACTORY, OFFICE, F | ARM ETC) | STREET | CITY | NWOT RO | COL | YIM | 5 | STATE | |
| | | 22a I certify that | | tal) ottended the | deceosed from_ | | . 19 | , to | | . 19 | | hot (I) (| we) lost | |
| | | sow the decer | osed olive on | t) view the body | ofter death | . 01 | nd that in (my) (our) opinion o | death occurred an th | e dote and he | our and tr | om the | ouses st | oted | |
| | | 726 SIGNLATURE | 11/1 | 7 | | | DEGREE | | | 220 | DATE | IONED | - | |
| | | 700 | Ula | in | -'C=0 | | ATTENDING PHYSICIAN | DIRECTOR PH | STAFF YSICIAN [| | 101 | \$ 18 | 6 | |
| | | 214 PATSICIAN'S | NAME (TYPE C | R PRINT) | | | 22e ADDRESS | | 9 4 Y | | | | | |
| | | G | racito | Patrici | io, M.D. | | 2926 E. Col | d Spring | La. | | | | | |
| | 23a. B | URIAL, CREMATION | N, REMOVAL | 23b. DATE | 23(. 1 | NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | | | | | | |
| | | Burial | | 10-7-8 | 36 N | lew Ca | thedral | Balto | | COUNT | Y | 5 | STATE | |
| | 24 EI | INICANI DIRECTOR | | | | | DATE DATE | DEC'D BY DECICE | DAMAGE DEC | 70.000 | 10.1.4. | | | |

Leonard J. Ruck, Inc.,5305 Harford Rd.

DHMH - 16 60M 7/B4 (VRA 15, 4)

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| 0 0 - | - 4 1 2 | 42 | | R#GISTRAR | | CERTIFICATE OF | DEATH | REG. NO. | Since II | |
| | | | | EASED NAME FIRST | WIDDLE | LAST | | 20. DATE OF DEATH MON | ITH DAY YEAR | 25 HOUR P |
| | oge 3 | | (1176 | MARY | D. | Wollschil | AGER | 10 | 15 86 | 3:25 M |
| | od od | - 1 | 3. SE> | | 4 RACE | 5. DATE OF BIRTH | | & AGE (IN YEARS LAST BIRTHDAY | | R IF UNDER 24 HRS |
| | 4 40 | | | FEMALE | White | WONTH /SA | YEAR 19 | 69 | YRS MONTHS DAYS | HOURS MIN. |
| - | 2 52 | 185 | | RTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNTRY | MARRIED NEVER | AAABBIED [] | 9 BALTIMORE CITY OR CO | DUNTY OF DEATH | |
| | 1 | 30 | | MARYLAND | USA | | ONORCED [| GALTO. | anunTy | MD. |
| 1 | 111 | 7 | 10 CI | Y OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURS I (IF NOT IN SUCH FACILITY, GIVE STREE | | STITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO | BKING LIFE) INDUSTRY | OF BUSINESS OR |
| 2/ | 0 0 | 40 | | Jourson). | Shoos | ehh. | | HOUSE WIFE | | |
| 6 | 2 /53 | 104 | USUA | L RESIDENCE (IF NURSING HOME OF | OTHER INSTITUTION, GIVE RESIDENCE BEFOR | | CITY LIMITS? | 13e.STREET ADDRESS / ZIF | CODE | 21220 |
| S S | 四 章 | | | 29.0 Pm | ALTO. | YES 🗌 | NO KO | 8805 Richm | | . 0/ |
| 32 | 3 \2X | 25 | 14. FA | THER'S NAME | Annua — Mari / | 15. MOTHER | R'S MAIDEN NAM | | | / |
| MA | 2 607 | 130 | M | PAEVIN EDW | THE KOUNEY. | SP. MA | ARCUE | RITE | JOH | USON |
| ec. | - P - S - S - S - S - S - S - S - S - S | ice | | AS DECEASED EVER IN U.S. AR | MED FORCES? 16b SOCIAL SEC | URITY NO. 17. INFORM | AANT | ADDRESS | | |
| BALTIMO | Pog . | medic | - (1 | ES, NO OR YMINIONN) (IF YES, GIV | 213-38 | -6935 | TANI | THY REC | OKDS | |
| ALT | sicio pers | the / | | 18 CAUSE OF DEATH (Enter or | nly one couse per line for (a), (b), o | nd (c).1 | | | APPRO) BETWEEN | XIMATE INTERVAL NONSET AND DEATH |
| 7 | phy n po mov | vent | | PART I. DE ATH WAS CAUSE | DBY: 1 Leputo | - renal of | alme | | | |
| W. PRESTON ST | ding or re | otic e | | WWW.EDWA | DUE TO, OR AS A CONSEQU | () | | - | | |
| STO | te co | E | | Conditions, if ony, which | (b) E (Those | me mets | status | Chamma | -4 | |
| 8 | 7 7 5 | 100 | | gove rise to immediate couse (a), stating the | DUE TO OR AS A CONSEQU | ruce or 1.4 | 0. | 1 | 0 | |
| 3 | 10 400 | 1 | | underlying couse last. | DUE TO, OR AS A CONSEQU | TIL | e line | | | |
| 201 | a plan | 0 | | PART 2. OTHER SIGNIFICANT O | CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATE | ED TO THE TERMI | NAL DISEASE OR CONDITION | ON GIVEN IN PART 1 | lo: |
| EDS, | d day | 1 | 20 | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , , , , , , , , , , , , , , , , , , , | |
| 8 | 1 1 2 | 17 | CERTIFICATION | 19s. DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERF | ORMED | 20s AUTOPSY? 201 | . IF YES, WERE FINDI | INGS USED |
| L RE | a sold | 17 | IFI | | | | | YES NOT | CERTIFYING CAUSES | S OF DEATH? |
| H A | of the state of | 32 | ER | 210. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY | 21c. HOW I | INJURY OCCURR | ED (ENTER NATURE OF INJURY IN | | 1.0 |
| J. V | Part of the | 69 | | OR CONTRIBUTING CAUSE OF DEA | | AY YEAR | | | | |
| N N | TSE Sing | 2/ | EDICAL | (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED | P.M. 21e. PLACE OF INJURY | 19 211 LOCAT | ION | | | |
| DIVISION OF VITAL RECORDS, | offer the state of | heda | WE | WHILE NOT WHILE AT WORK | (AT HOME, STREET, FACTORY, OFFICE, | | ET | CITY OR TOWN | COUNTY | STATE |
| ٩ | A Post | E | | 22a. I certify that (I) (this hospi | tol) ottended the deceased from. | | | , to | | , that (I) (we) lost |
| 100 | E C S S S S S S S S S S S S S S S S S S | 5 | | sow the deceased alive on | it) view the body ofter death. | , and that in (my | y) (our) opinion d | eoth occurred on the date o | ind hour and from the | couses stoted |
| | A not be to | 1 | | 22h SIGNATURE | ii) view the body offer deofn. | DEGREE | | | 22c DATE | E SIGNED |
| | A Day | = | | netwider | De de Lean | m.D. | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | X 10/1 | 15/81 |
| | TA BAS | 3/ | | 224 PHYSICIAN'S NAME LYPEC | OR PRINT) | 22e ADDRE | SS 1 m/ | | 7 | 1 11 1 |
| | HOS Pured Pured H the | M#ORT | | NATIVIDAD | D. DE LEO. | N 0/0 S | ST. 105 | EPH HOSP. | TOWSON | 12-12-011 |
| | 51 511 | 3/ | 23a. B | URIAL, CREMATION, REMOVAL | 23b. DATE 23c | NAME OF CEMETERY OR | RCREMATORY | 23d LOCATION | | 21004 |
| | BP | | BU | IRIAL | 117-18-1986 8 | ARKHERID (| EM. | DAT 83971 1 1 | - BANTA | (D. MI) |
| | | | 24 FL | NERAL DIRECTOR | 1000111 | | 25a. DATE | REC'D. BY REGISTRAR 256 | REGISTRAR'S SIGNA | TURE |
| | DHMH - 16 60A (VRA 15, 4 | | E | 1AMIS CHA | PEL OF MARY | MRIAS | ne | T 1 7 1096 4 | to burden | jondalii. |
| | (4114 12) | 1 | | 0/11/ | 1000 | 101010 | 00 | 1 - 1 1000 | | The state of the s |

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| 8 | EG. NO. | 6) | 7 | ò | 4 | |
|---|---------|----|---|---|---|--|
| | | | | | | |

| | | | | RST | A | AIDDLE | L | AST | 20 DATE OF DEATH MONTH DA | YEAR 26. HOUR |
|--------------------|---|---------------|--|--|----------------------|---------------------------------------|-----------------|--------------------------------|--|---|
| noy be | dt a | (TYPE | CHA: | RLES | LE | E V | OOD | | October 3, 1986 | б м |
| мом од | D i | 3. SE. | K | 4 RAC | E | | 5. DATE O | | | FUNDER I YEAR IF UNDER 24 HRS |
| ge 4 | rs ofte | | Male | | Whit | e | NOV. | . 2, 1921 YEAR | 64 YRS. | ONTHS DAYS HOURS MIN. |
| Po I | 1 1 Po | 7a BI | RTHPLACE (STATE OR FORE) | GN 76 CITI | IZEN OF | WHAT COUNTRY? | 8 AA A PRIET | X NEVER MARRIED | BALTIMORE CITY OR COUNTY | OF DEATH |
| leoth nerg | C.S. | 1 | Maryland | | U.S | .A. | WIDOWE | | Baltimore Cour | nty, MD. |
| a a | 1 | 10. C | TY OR TOWN OF DEATH | | | HOSPITAL, NURSING | | ROTHER INSTITUTION | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) | 12b. KIND OF BUSINESS OR |
| rs of | | | Reisterstown | | | yndon Cou | | | Engineer | |
| 24 hou | 3 | 13a. S | AL RESIDENCE (IF NURSING) STATE 136 Aryland | COUNTY Baltin | | 13c. CITY OR TOWN Reisters | 1 | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP CODE 6 Glyndon Cour | t 21136 |
| rely t | and | | THER'S NAME | | | | | 15 MOTHER'S MAIDEN NAM | ME . | |
| a de | | 10 | Alexander | WIDDLE | | Wood | | Amelia | WIDDLE | Gail LAST |
| ecute | 1 | | VAS DECEASED EVER IN L | J.S. ARMED FO | | 166 SOCIAL SECU | RITY NO. | 17 INFORMANT | ADDRESS | |
| ě e | FIX | - (| | WW II | K DATES) | 214-18-93 | 351 | Mrs. Jeanne V | Wood Same as #13 | |
| ficate b | | | 18 CAUSE OF DEATH (E PART 1. DEATH WAS | | | tine far (a), (b), and | AC | Arrest | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| cent. | N. A. | 4 | 1MA | MEDIATE CAU | | | | 9-19-24-19-34 | | |
| leath | on, o | | Conditions, if any, wh | | JE TO, OF | R AS A CONSEQUE | UNA | my An Tex | y Disease | |
| the o | emot er tro | | gave rise to immedicouse (a), stating | ote | IF TO OF | R AS A CONSEQUE | | 01 | y Disease. | JULIET HT. |
| that 1 by | leose tol, cr | | underlying cause le | ast (| (c) | | | 1) ABERY A | ellitm. | |
| uires | borner pl | z | PART 2 OTHER SIGNIFIC | CANT CONDIT | IONS CC | INTRIBUTING TO D | EATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION GIVE | N IN PART 11a |
| been been | prior t | CERTIFICATION | 19a DATE OF OPERATION | 1 191 | . CONDI | TION FOR WHICH | OPERATION | N WAS PERFORMED | 200 AUTOPSY? 206. IF YES, | WERE FINDINGS USED ING CAUSES OF DEATH? |
| The land | it pe | TIF | | | | | 3154 | | YES NO YES | |
| hysic ficate | Hygin 18 sh | | 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS | the state of the s | OUR A. | F INJURY M. MONTH DA | Y YEAR | 21c. HOW INJURY OCCURR | ED (ENTER NATURE OF INJURY IN ITEM 18 PAR | RT I OR PART 2) |
| SICI) | ento ento | MEDICAL | (IF EITHER NOTIFY MEDICALE | KAMINER) | P./ | | 19 | | The state of the s | |
| G PHY offendi | ond M bond M ked or | MED | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | (A) | PLACE (THOME STR | OF INJURY EET, FACTORY, OFFICE, FA | RM, ETC 1 | 211. LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| APP AFF | ealth ealth | | 22a. I certify that (1) (this | hospital) att | | | 2 | 19 | _, ta | 9 that (1) (we) last |
| Spito | of H of H | | saw thereceased o above (I/we) (did) | did non view | the body | alter death | 76 an | d that in (my) (aur) apinion o | feath occurred an the date and haur | and from the causes stated |
| or ho | Ched Dept Rem | | 22b. Signature R | Ani | 4.1 | Tean | | DEGREE | ALEDICAL CTAFF | 22c. DATE SIGNED |
| TAL y th RAL | deto tote | | (com) | 1100 | 7000 | 1001 | | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 10/6/86 |
| OSP OSP | with the S | | 22d. PHYSICIAN'S NAME | | | | | 22e ADDRESS | | |
| efoin TO F | Shoul With MPO | 00 | George | Albri | | | | 1205 York 1 | | ę, Ma. |
| nn | | | SURIAL, CREMATION, REM | | DATE | | | EMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | COUNTY STATE |
| BP | | _ | Burial JNERAL DIRECTOR | Oct | t,7,1 | | | Mem. Park | Parkville Bal | TO MD |
| | 6 60M 7/84 15, 4) | | NAME | | | | | rk Road | | rdon-Nandelle |
| (**** | , . , | Ku | ck Towson Fu | neral F | lome, | Inc. To | vson I | 4d 21204 | 0 000 | |

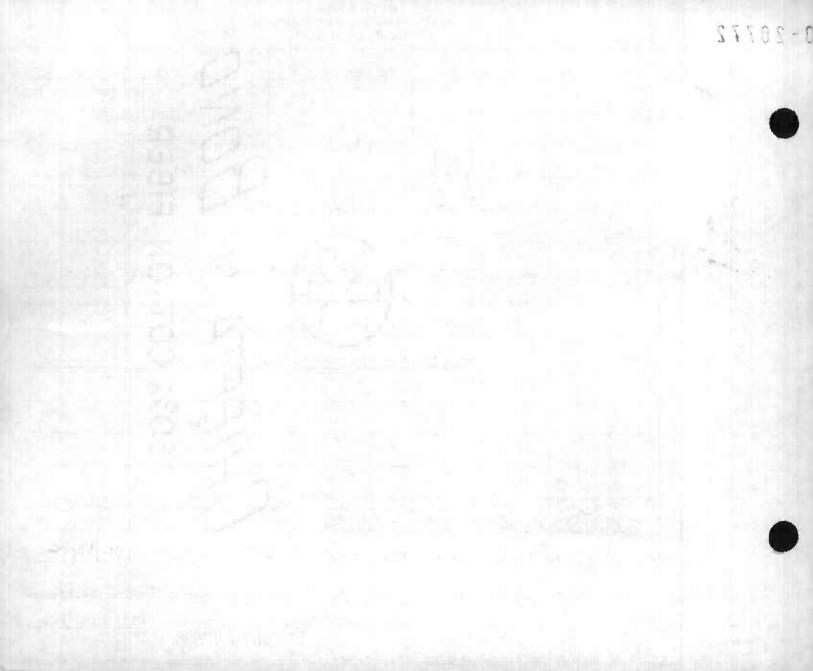
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| 00 00. | ١. | FOR | | | DEPA | | E OF MARYLAND EALTH AND MENTAL | I HYGIF | :NE | | 369 | 1 13 |
|--|-----------|--|------------------------|---|---------------------|----------------|-----------------------------------|------------|--|-----------------------------------|------------------------|----------------------------------|
| 00-22415 | 1. | STATE REGISTRAR | | | | | ICATE OF DEATH | | B S REG. NO. | 2 | 10 | 14 6. |
| | 1. DE | CEASED NAME | FIRSTCAF | ROLINE | MIDDLE | 1 1. | AST | | 20. DATE OF DEATH M | ONTH D | DAY YEAR | 26 HOUR |
| 4 and 4 | | Cari | rie |) / | η | wya | ent | | October 8 | 14 | 1986 | 5 PM |
| retor p | 1. SE | Female | | RACE White | e | 5. DATE O | st 18, 189 | | AGE (IN YEARS LAST BIRTHE | YRS | IF UNDER I YEAR | IF UNDER 24 HRS HOURS MIN. |
| - 2 12 AM | | THPLACE (STATE OF FOR | | CITIZEN OF | WHAT COUNT | RY? 8 | | 9 | BALTIMORE CITY OR | | OF DEATH | |
| | 1 | outh Caroli | | U.S. | | WIDOWE | | | Baltimore | : Co | unty | MD. |
| 2/18 | 1 | ow son | | ST J | OSEP1 | HOS | pital | | 12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF W Telephone | | | OF BUSINESS OR |
| 1/2/ | 13a. S | AL RESIDENCE (IF NURSING TATE 13 | b. COUNT | other institution ty cimore | 13c. CITY OR 1 TOWS | IOWN | 130 INSIDECITY LIMIT YES NO X | ITS? | 3e.STREET ADDRESS / 2 704 Provide | IP CODE | Rd. 212 | 04 |
| 1 11 00 | 1171 | THER'S NAME | | | | | 15 MOTHER'S MAIDE | ENNAME | | | 75 | |
| 130(2) | 1 | John | J | | Heissen | | Mamie | | WIDDLE | | Buck | ā. |
| | | VAS DECEASED EVER IN YES NO OR UNKNOWN) NO | | WAR OR DATES) | 166 SOCIALS | | 17 INFORMANT | | ADDRESS | | | |
| | | | | | 212-34 | | charles E. | Lot | z, same as | #13e | | |
| T. BAL filterin physics species resent. | | 18 CAUSE OF DEATH PART I. DEATH WAS | | one couse per BY: CAUSE (o) | line for (a), (b | PS/S | | | | | APPROXI | MATE INTERVAL ONSET AND DEATH |
| SNS + con and and and and and and and and and an | В | | WEDIALE | | R ASA CONSE | QUENCE OF | | | | | 4 | |
| deor deor | | Conditions, if ony, v | | ((b)_ | PROB | ABLE | INTRAMBO | DME | ENAL ABSC | ESS | | |
| W. Py of the creent of the 1 | | gove rise to immer couse (a), stating underlying couse | the | DUE TO, O | R AS A CONSE | QUENCE OF | | | | | - | |
| S to see a s | | | | (5) | OLAIT DIRLITING | TO DEATH BUT | NOV DELAYED TO THE | FYFD | AL DISEASE OR CONDI | | | |
| So the second se | 20 | REN | | MLUR | | | I BLEED | | AND DISEASE OR CONDI | HON GIVE | EN IN PART 110 | ٥. |
| Percon | IFICATION | 90 DATE OF OPERATIO | | | 101 | | N WAS PERFORMED | | 20a AUTOPSY? | 206. IF YES, IN CERTIFY YES | , WERE FINDIN | NGS USED OF DEATH? |
| AT TO SO THE PERSON AND THE PERSON A | CERT | 21a. ACCIDENT WAS UNDER | LYING [] | 216. TIME O | | | 21c HOW INJURY OC | CCURRE | D (ENTER NATURE OF INJURY I | | based | 140 |
| B 34 141 | 1000 | OR CONTRIBUTING CAL | | | M. MONTH | DAY YEAR | | | | | | |
| Month of Mark | MEDICAL | 21d INJURY OCCURRED | | 21e PLACE | | | 21f LOCATION | | CITY OR TOWN | | COUNTY | STATE |
| Of the st | 2 | WHILE AT WORK AT WORK | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | | |
| N- 451 1 | | 22a I certify the | nis hospito | ol) ottended th | e deceased from | | SER 22 19 | | 10 OCT. 24 | | | that (I) we) lost |
| ATTE SCTO SCTO SCTO S 2 1 | | sow the deceased obove, (1) (we) (did | dive on_) did not) | view the body | ofter deoth. | 9_0G_, ar | | pinion dei | ath occurred on the dote | ond hour | | |
| AL OR AL DIRE detacher one Dept. | | 226. SIGNATURE) | iis | asa | vadel | | DEGREE ATTENDIN | ING | MEDICAL STAFF DIRECTOR PHYSICIA | N [] | 220 DATE | 12:4/8L |
| HOSPI Circled St Could be the St PORTAN | | 22d PHYSICIAN'S NAM | E (TYPE OR | | AVADO | 2 | 22e ADDRESS | 05 | R PIERRE | DIZ | #105 | TOWSON MD 2/24 |
| 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | 23a. E | BURIAL, CREMATION, RE | MOVAL | 23b DATE | | 23c. NAME OF C | EMETERY OR CREMATO | TORY | 23d LOCATION | | | |
| BP | | Burial | | 10-27- | 86 | Lorraine | Park | | Baltimore | e, Ma | rvland | STATE |
| DHMH - 16 60M 7/84 (VRA 15, 4) | 24 FI | INERAL DIRECTOR 1CK Towson F | uner | al Home | | 1050 Voi | ck Pd 250 | OCT. | REC'D. BY REGISTRAR 25 | REGISTR | RAR'S SIGNAT | URE |
| (*10. 13, 4) | | | | az monie | -, THE. | TOWSOII, | 10.21204 | | - 3 1300 | | A Distance of the Land | W. dlant |

00-22:15 Bullmane GROTH TO THE WAY HE WAY PERMITTED INTRIMINATION AND ASSESSED. ROOM POLICE OF BEING CHANGE TA NO DE CHINE William Rate miles Mis 23/1/25/11/ TO SE PRODUCE DIE NOS 120 CO PARKERS & SENTER water and the second of the se

| 00-2282 | 1. | FOR | | DEPART | | OF MARYLAI | ND ENTAL HYGIE | NE | - | ~g 3 | 1 / |
|--|---------------|--|--|--|--------------|--------------|---------------------|---|--|-------------------------------------|-----------------------------|
| 2202 | 9 | - STATE REGISTRAR | | | CERTIFIC | ATE OF DE | EATH | B O REG. I | NO. | 1 0 | 4 0 |
| | | CEASED NAME FIRE | | NE GERTI | | | | a. DATE OF DEATH | MONTH D | 1 . | . HOUR |
| oge deot | L | 5r. | 1 | de Sales | | | | | 10/26 | , 186 | 9 15 0 M |
| or. p | 3. SE | | 4. RACE | | 5. DATE OF | BIRTH | YEAR | AGE (IN YEARS LAST B | RTHDAY) | | UNDER 24 HRS |
| irecte urs o | | Female | Can | | 12 | 26 | 1895 | 90 | YRS. | | |
| 7. P. | 7a. B | RTHPLACE (STATE OR FOREIG | | WHAT COUNTRY? | MARRIED (| NEVER MA | ARRIED KX | BALTIMORE CITY | _ | | |
| deoi ner | 10.6 | ITY OR TOWN OF DEATH | USA | 11. NAME OF HOSPITAL, NURSING F | | DIV | ORCED [| coun | | Baltimore | MID. |
| 2 170 |) | Towcon | (IF NOT IN SU | CH FACILITY, GIVE STREET | AOORESS) | | | 20. USUAL OCCUPA TYPE OF WORK FOR MOST | | 12b. KIND OF B INDUSTRY Relig | |
| 1 1 1 | 130 | AL RESIDENCE (IF NURSING HO | OME OR OTHER INSTITUTION | ROTHER INSTITUTION, GIVE RESIDENCE BEFORE AC | | AOMISSION) | | | | | , |
| 2 4 115 | M | aryland Ba | altimore | Towson | | | NO X | 2300 Dul | | | . 2120 |
| The same | f4. F | ATHER'S NAME | MIDOLE | LAST | 15 | MOTHER'S | MAIDEN NAME | 19.00 | , , | alle) nu | 2120 |
| i HADO | 1 | John P. | Wy | nn | | Mar | U G | MIDDLE | Moakl | er LAST | |
| BALLIMORE, | | WAS DECEASED EVER IN U. | S. ARMED FORCES? | 166. SOCIAL SECU | JRITY NO. I | 1 INFORMAN | | ADDI | RESS TO | wson M | |
| 1 10 1/ | | No | ES. ONE WAR OR DATES | 219-54-3 | 322 | Stella | Maris | Hospice Du | laneyl | belley Rd | |
| A Not | | 18 CAUSE OF DEATH IEM PART I. DEATH WAS C | ter only one couse per | | | | | | 1- | BETWEEN ONS | TÉ INTERVAL ET AND DÉATH |
| T FANT | | | EDIATE CAUSE (0) | Cerebral | Vascul | ar Ac | cadent | | | | |
| Certification St., Certification | | | DUE TO, O | R AS A CONSEOU | ENCE OF | . , | | | | | |
| to the state of th | | Conditions, if ony, while gove rise to immedia | | Atheros | clerote | c hear | + duse | ase. | | | |
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| a the | | | (c) | | | | | | | | |
| sign hen sign te bu | Z | PART 2. OTHER SIGNIFICA | ANT CONDITIONS C | ON I RIBUTING TO | DEATH BUT NO | OI RELATED T | O THE TERMIN | AL DISEASE OR CO | ADITION GIVE | N IN PART 110 | |
| VISION OF VITAL RECORDS, OFFICE AND The law require of this certificate has been sign the build-reducit permit than and Mental Hygies explored a and all from (8 shows pagy injury). | CERTIFICATION | 19a. DATE OF OPERATION | 19b. COND | ITION FOR WHICH | OPERATION V | WAS PERFOR | MED | 20a AUTOPSY? | 20b. IF YES | , WERE FINDINGS | SUSED |
| 21 281 77 | H | | | | | | | YES NOT | IN CERTIFY | YING CAUSES OF | DEATH? |
| 7 5 5 5 5 5 | 18 | 210. ACCIDENT WAS UNDERLYIN | | | 1 12 | It. HOW MIL | URY OCCURRE | (ENTER NATURE OF IN) | The State of the S | | - CJ |
| | 13 | OR CONTRIBUTING CAUSE | OFDEATH | .M. MONTH D .M. | 19 | | | | | | |
| | MEDICAL | 21d. INJURY OCCURRED | 21e. PLACE | OF INJURY | | If LOCATION | ٧ | CITY OR I | OWN | COUNTY | STATE |
| the state of the s | 12 | AT WORK AT WORK | | | AKM, ETC) | | | | | | |
| N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | 220.1 certify that (f) (this | hospital) attended th | e deceased from_ | al | | , 19 | , to | | 19, tho | t (f) (we) lost |
| E 8 8 8 8 8 | | sow the deceased ali above, (I) (we) (did) (d | ve on Oct. 2 did not) view the body | after deoth. | | | our) opinion de | ath occurred on the o | date and hour | ond from the cou | ses stated |
| S Deported | | 22b SIGNATURE | 100 | . 10 | DE | GREE | TENDING | MEDICAL STA | AGG | 22c. DATE SIG | NED |
| A Master | - | 224 BHYSICIAN'S NIAAE | M. Ceci | 4000 | Ce1, 10 | 2e ADDRESS | TENDING TYSICIAN | DIRECTOR PHYS | CIAN | 10/2 | 6/86 |
| HOSPI med b fund be old be ORTAN | 1 | Carla | S. alexa | under II. | | ZE ADDRESS | | | | | |
| 0 f 0 d f # + | 1230 | BURIAL, CREMATION, REMO | | | | ETERY OR CR | TALATORY | 23d LOCATION | | | |
| BP | 230 | ISPECE Burial | Oct. 30 | | NAME OF CEM | Cathedi | | CITY OR TOWN | O: | COUNTY | STATE |
| | | UNERAL DIRECTOR | 755.5 | | | | · · | REC'D. BY REGISTRAL | PLE CIT | y, Maryl | and |
| DHMH - 16 60M 7/84 (VRA 15, 4) | | itchell-Wiede | efeld Home | AODRESS | 6500 Yo | ork Rd. | 2 DET | 3 1 1986 | (1 / 4 | vidour libra | |

- 19 Supplied Light State of the Control Carla de alcidonales, 120



| 00-20137 | 1. | FOR STATE REGISTRAR | | DEPARTM | NENT OF H | E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH | GIENE 6 6 | 1 | 1 3 4 | 5 |
|--|---------------|--|---|-------------------------------------|--------------------|--|------------------------------------|---------------------|---|--------|
| moy be poge 3 | | and the same of th | | dith You | ing | AST | | DAY - 4- | 86 64 ER TYEAR IF UNDER | PM |
| none 4 m | | FEMALE RITHPLACE (STATE OR FOREIG | CAU | CASIAN WHAT COUNTRY? | MONTH 12 | | 85 | YRS 10 | DAYS HOURS | MIN, |
| | 1 | LLINOIS TY OR TOWN OF DEATH | II. NAME OF | S.A. | WIDOWE G HOME (| D NEVER MARRIED DIVORCED DO OTHER INSTITUTION | TOWSE | N-BF | ALTO. C | O, MD. |
| 0 110 | USU | TOWSON AL RESIDENCE (IF NURSING HO | MAN | OR CARE | ADMISSION) | RUXTON | Operator | I | Celephone | e Co |
| 1 100 | Ma | aryland Ba | ltimore | Baltimon | | 13d. INSIDE CITY LIMITS? YES NO X 15 MOTHER'S MAIDEN NA | | arton Ro | | 2 |
| 100 | | August Zelms | S. ARMED FORCES? | 16b SOCIAL SECU | RITY NO. | Amelie | ADDRESS | | LAST | |
| 1 60 9/ | | NO OR UNKNOWN) (IF | ES GIVE WAR OR DATES) | 360-22-6 | 610 | Daniel Young | Same | | | - |
| and the services | | 18 CAUSE OF DEATH IER PART I. DEATH WAS C | tei only one cause pe AUSED BY: EDIATE CAUSE (a) DUE TO, (| er line far (a), (b), and | Se NCE OF | psis Daniel | T. 11. | | APPRÖXIMATE INTER BETWEEN ONSET AND | DEATH |
| ed by mantaleose manual control. | 3 | Conditions, if ony, whi gove rise to immedia cause (a), stating t underlying cause to | he DUE TO. C | OR AS A PONSEQUE | yeu Wilij | wid an | the like | | | |
| equires na signe Then p Then p unjury, | NOIL | | | | | NOT RELATED TO THE TERM | | | | |
| The low cron. cron. cron. cron. sit permi | CERTIFICATION | 196 DATE OF OPERATION | | | OPERATIO | N WAS PERFORMED | YES NO | N CERTIFYING | E FINDINGS USED CAUSES OF DEAT NO | TH? |
| SICIAN- ng phys certifico mol-tror entol Hy | MEDICAL CE | 216. ACCIDENT WAS UNDERLYH OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEX 216 INJURY OCCURRED | OF DEATH HOUR A | OF INJÜRY A.M. MONTH DA P.M. | Y YEAR | | RED (ENTER NATURE OF INJURY I | N ITEM 18 PART I OR | PART 2) | |
| or ottending After this e as the builth and Minorked or | MED | WHILE NOT WHILE E | [AT HOME S | OF INJURY TREET FACTORY, OFFICE, FA | ARM, ETC) | 211 LOCATION STREET | CITY OR TOWN | | | STATE |
| A ATTEND hospital of the for use ept. of Hece for use them 21 is n | | 22a I certify that (I) (this saw the deceased all above, (I) (we) (did) (c | | | , | . 19 nd that in (my) (aur) apinian DEGREE | death accurred on the date | | , that (1) (w | |
| 0 0 0 0 = | | 22d. PHYSICIAN'S NAME | Celle | Mip. | | ATTENDING | MEDICAL STAFF DIRECTOR PHYSICIA | | 13/4/0 | 36 |
| TO HOSPITAL retained by fl TO FUNERAL with the Stole MAPORTANE: | | C - Z | · I ARR, | | | 7122 HW | 1 | 2 | 1234 | |
| BP | Bi | SURIAL CREMATION, REMI | | 8,1986 Cha | apel 1 | EMETERY OR CREMATORY Hill Gdns. We | st Elmhurst, | DuPage | Co., II] | lino |
| DHMH · 16 60M 7/84 (VRA 15, 4) | | uneral director tchell-Wiede | feld Home | - | 500 1 | re, Md.21 200 | E REC'D BY REGISTRAR 25 | | SIGNATURE | |

| | | 1. | FOR STATE | | DEPAR | TMENT OF H | | ID MENTAL HYG | IENE (5 | | 7 | 3 4 5 |
|--------------------|--|-----------|--|---------------------|--|--------------------|--------------|-------------------------|---------------------------|---------------------|-------------------|---|
| 1 - 22 | 400 | | REGISTRAR | | MIDDLE | | AST O | F DEATH | RI 20. DATE OF DEA | EG. NO. | DAY YEAR | In HOUSE |
| | s 7.4 | (TYPE | CEASED NAME FIRST OR PRINT) | | | | .431 | | 0.000 | | | 10.110011 |
| | deo deo | 1. SE | Theodor | re Robe | rt You | S. DATE C | OF RIPTH | | 6. AGE LIN YEARS | 17, 19 | IF UNDER 1 YE | 4:45R. |
| | offic. | 1 | W 18 20 0 18 3 1 1 | 100000 | ack | MONTE | d DA | | | | MONTHS DA | |
| | Pop Pop | | Male RTHPLACE (STATE OR FOREIGN | | WHAT COUNTRY | Y? 1 | y 5. | 1902 | 9. BALTIMORE C | YRS. | | |
| | 4 25 70 | 1 | OUNTRY) | U.S. | Δ | MARRIE | - | DIVORCED | Baltin | more. | Co. | MD |
| - | p 14 p | 10. C | TY OR TOWN OF DEATH | 11. NAME OF | HOSPITAL, NURS | ING HOME | | | 12d USUAL OCC | UPATION | | D OF BUSINESS OR |
| 65 | 1 1100 |) B | altimore | | Green | | Rd. | 21207 | | | | of Md. |
| 212 | Page 10 | | AL RESIDENCE (IF NURSING HOME C | R OTHER INSTITUTION | GIVE RESIDENCE BEFO | ORE ADMISSION) | | E CITY LIMITS? | 130 STREET ADD | RESS | | 21207 |
| AND | 7 1 | 1 | | ltimore | Balt: | imore | | K NO 🗆 | 705 G | reen W | ood Re | d. 212107 |
| IRM | 1 las | The same | THER'S NAME | MIDDLE | LAST | | 15. MOTH | ER'S MAIDEN NA | AA II | DDLE | | LAST |
| E M | | 1 | george Your | 2 | 166. SOCIAL SE | CLIBITY NO | 17. INFOR | | tta You | ng ADDRESS | | |
| KOR | 1 187 | 0 | YES NO OR UNKNOWN) (IF YES G | IVE WAR OR DATES) | IBB. SOCIAL SE | CURITY NO. | | | | | 20 W | Lafayett |
| ALT. | 3 6 7 6 6 6 | | 'es | | | | MS. | Trophei | ila JUIIII | 5011,24 | | ROXIMATE INTERVAL EN ONSET AND DEATH |
| DS, 201 W. PRESTOR | quires that the death signed by the attend han please remove co o burral, cremation, o jury, or ather traumor | N | Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT | (b) | OR AS A CONSECUTIVE RAS A CONS | OSTTU DUENCE OF | NOT RELA | EAST TED TO THE TERM | PAINA DISEASE OR | | GIVEN IN PART | 1 ho. |
| I RECOR | hos been by permit The | TIFICATIO | 90 DATE OF OPERATION | 19b. COND | ITION FOR WHIC | CH OPERATIO | N WAS PE | RFORMED | 20a AUTOPSY | IN CER | YES, WERE FIN | IDINGS USED SES OF DEATH? |
| VITA | HAND STORY | 3 | 214. ACCIDENT WAS UNDERLYING | | OF INJURY .M. MONTH | DAY YEAR | 21c. HOV | V INJURY OCCUR | RED (ENTER NATURE | OF INJURY IN ITEM 1 | 8 PART 1 OR PART | 2) |
| 90 7 | SECU- | 1 S | (IF EITHER NOTIFY MEDICAL EXAMIN | ER) P | М, | 19 | | | | | | |
| IVISIO | offend offer this hout Me by | MED | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | | OF INJURY REET, FACTORY, OFFIC | E. FARM, ETC.) | 21f. LOC | ATION | CIT | Y OR TOWN | COUNTY | STATE |
| | CTCR. A for use of Real | | sow the deceased alive a above, (1) (we) (did) (did n | n | 10114 19 | | nd that in (| (aur) apinian | , to death accurred an | the date and h | aur and fram t | _, that (1) we) last the causes stated |
| | At OR At DIRE he | | 22b. SIGNATURE | Joen | 2 Am | 24 | DEGREE | ATTENDING PHYSICIAN | MEDICAL DIRECTOR P | STAFF PHYSICIAN | 22c. DA | 120/86 |
| | HOSPIT Direct by Postan | | ELIJAH | 7 | PERS | M.D. | 220. ADD | FAMILE | RD. | BALT | Din h | 10, 21210 |
| | DE 5413- | | BURIAL, CREMATION, REMOVA | L 23b. DATE | 23 | . NAME OF | EMETERY | OR CREMATORY | 23d. LOCATIO | | COUNTY | STATE |
| | BP | - | Burial | 10/2 | 2/86 | Md N | at. | | Laure | 1 Md. | 177 | 6 1 - |
| DI | HMH - 16 50M 4/82 | | UNERAL DIRECTOR | | ADDRESS | | | | E REC'D. BY REGIS | | ISTRAR'S SIGN | NATURE |
| | (VRA 15, 4) | Li | w Funeral Ho | ome 461 | | | hts / | Ave. Ul | CT 29 19 | 30 | inger, lattices . | |

Continue for her day Compactive Heart Proper Scheme I man Elphinger, on sich alle The control of the co as Formed State 121 and Hardwill March

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 26 HOUR 20 DATE OF DEATH 1. DECEASED NAME (TYPE OR PRINT) Florence Zaczek 986 Bertha 0 - 12 4. RACE 3. SEX 5 DATE OF BIRTH A. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR JE UNDER 24 HRS MONTH YEAR 26 1910 a. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Baltimore USA WIDOWED [DIVORCED [Count 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING HEE INDUSTRY BALTIMOre Hememaker. 16senh USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONAL 13e. STATE 1136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE BALTU. CUL maryland 4605 BAYONNE Ave 21206 YES NO 15. MOTHER'S MAIDEN NAME A FATHER'S NAME FIRST MIDDLE Kendezcrski Catherine Wegnerowicz Thomas ADDRESS 16h SOCIAL SECURITY NO 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE WAR OR DATES) Joseph S. Zaczek Same 13 E 215-07-1793 APPROXIMATE INTERVAL BETWEEN ONSET AND DEA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: CARDIG-RES PIRATURY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF MIETASTATIC CARCIMOMA OF BREAKT. Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? PERICARDIAL EFF116910H NOT YES [NO [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21f LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM ETC | NOT WHILE 220.1 certify that (I) (this haspital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter deoth. 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL be deto e Stote I PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS old b sin 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 236 DATE Baltimore Balt. Maryland IAIE (SPECIFY) Holv Rosary Cemetery 10-15-86 Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE I mustanden from the DHMH - 16 60M 7/84 Leonard J. Ruck, Inc. Baltimore, Maryland (VRA 15, 4)

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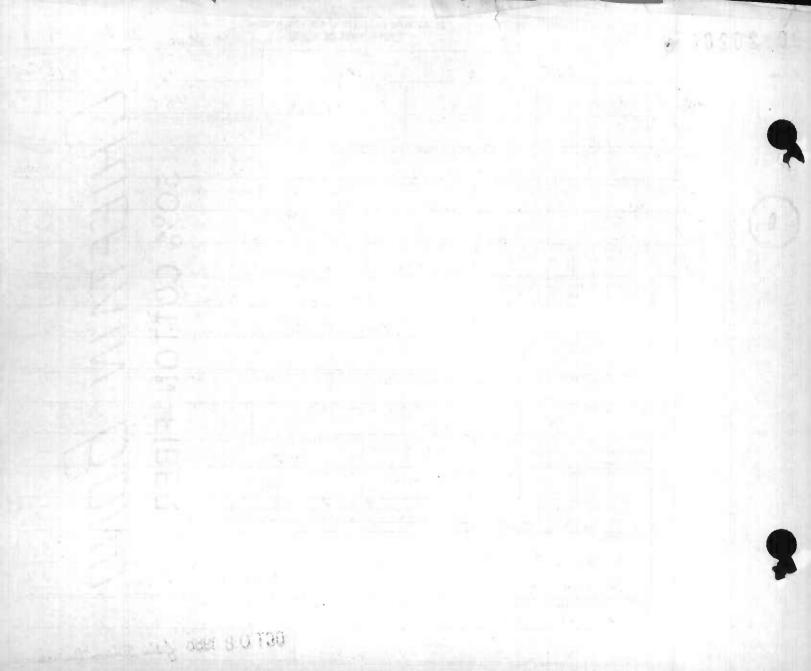
Legend e. Heek, Inc. Dalamore, Maryland

7007 1 4 1988 -----

| -20921 | 1. | FOR STATE REGISTRAR | SIENE 8 ORGENO 2 | 7 8 4 8 | | | |
|--|---------------|---|---|---|---|--------------------------------------|--|
| 3 75 | | CEASED NAME INS | | ZAHRADKA, Sr. | (AU | October 9, 198 | 6 9:18 p _A |
| ada. pa | 3. SE | ıle | 4 RACE White | MON | enter 1, 1906 | A AGE (IN YEARS LAST BRITIDAY) YES. | MONTHS TAYS HOURS MIN. |
| 1115 | 100 | RTHPLACE INTEROFFICE COUNTRY DEPORTS | 7L CITIZEN OF USA | WHAT COUNTRY? MARR | NEVER MARRIED | Baltimore Coun | |
| 137 | Re | SSVILLE 2123 | | HOSPITAL NURSING HOME | | The USUAL OCCUPATION | Steel Co. |
| St. Feb. | The : | | altimore | DAY SENDENCE REFORE ADMISSION 13s. CITY OR TOWN ESSEX | I'M INSIDE CITY UMITS? | 2415 ADDRESS / ZIP CO | |
| 257 | | Joseph | worst Z | ahradka | IS MOTHER'S MAIDEN NA. | | Stecker |
| Popes 1 | län V | NAS DECEASED EVER IN U. | S. ARMED FORCES? EL GIVE WAR OR DATES! | 166 SOCIAL SECURITY NO 214 01 6338 | Margaret Zal | ADDRESS Mradka Wif | e Same |
| ilaw requires than h. os been signed by bermit Then place, e prior to bural, ss any injury, ar or | CERTIFICATION | PART 2. OTHER SIGNIFICATION | ANT CONDITIONS C | ONTRIBUTING TO DEATH BU | | INCERT | ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? |
| physicion physicion ficate h fransit present transit present Hygier | MEDICAL CERTI | 210, ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ((IF EITHER NOTIFY MEDICAL EXA | OF DEATH HOUR A | OF INJURY .M. MONTH DAY YEA .M. 19 | R | YES NO C | PART OR PART 2} |
| NDING PH I or others to at the standing and its morked of | ME | The specify that (1) (this |] (AT HOME, 3) | TREET, FACTORY, OFFICE, FARM, ETG.) | STREET 19 | , to | COUNTY STATE |
| #1 241 | | above (I) live (did) (e | id not view the body | ofter death. | death occurred on the date and ha | our and from the causes stated | |
| At OR A the host At Diffic deniched one Dept | | 274 SHONGATURE | Chil | enn | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 10/10/16 |
| or record A, or A, | | E. Arnett, | M.D. | m | ne address 9000 Frankl | in Sq. Dr. 2123 | 14/1/1 |
| A 10 HOSPITAL OR A 10 HOUSPITAL OR A 10 FUNESAL DIRECTOR OF FUNESAL DIRECTOR OF 10 FUNESAL | 1 | ישיינים ו | M.D. | | 220 ADDRESS 9000 Frankl CEMETERY OR CREMATORY S Of Faith Ceme | in Sq. Dr. 2123 | 77 e County, Marate |

bhite November 1, 1906 ABI lossville 21227 Frank in Square Dougitel . Boller . Steel Co. recosts Marrian, Carroli 10 ---- 214 CI 6358 Marginet Saranica mile Sara 10/13/26 Jamens of maith denetery is those County, Md.

Desertinget Juneral bose 1% 1469 Clo Lattern Ave.



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| B S REG. NO. | 2 | 1 | ठ | 2 | U |
|-----------------|---|---|---|---|---|
| REG. NO. | | | | | |

| 1-1- | REGISTRAR | | | CERTIF | ICATE OF DEATH | S C REG. N | 6 San | 1 0 |) 2 0 |
|---------------|---|---------------------------|--|-------------------|--------------------------|-------------------------------|--------------------------------|--------------------|-----------------------|
| | CEASED NAME | FIRST | MIDDLE | | AST | 20 DATE OF DEATH | MONTH DAY | YEAR | 26 HOUR |
| (TYPE | E OR PRIATI | Dorothy | E. | • | Zinn | | 10 2 | 28 86 | 1.30Pm |
| 1.SE | x | 4 RACE | | 5. DATE (| | 6. AGE (IN YEARS LAST BIR | THDAY) IF UP | NDER I YEAR | IF UNDER 24 HRS |
| 1 | Pemale | Whi | te | 9- | 11-08 YEAR | 78 | YRS. | 0413 | |
| 1994 | NIPLACE (STATE OF | REFOREIGN 76 CITIZEN | OF WHAT COUNT | TRY? 8 | D NEVER MARRIED | 9. BALTIMORE CITY O | R COUNTY OF | DEATH | |
| 20 | aryland | | USA | WIDOWI | | BALTIM | ORE COUR | TY | MD |
| III.C | ITY OR TOWN OF DE | | OF HOSPITAL, NU | | OR OTHER INSTITUTION | 12a USUAL OCCUPATI | | 26 KIND O | F BUSINESS OR |
| 1 | Towson | | i-Medica | | - Towson | Housewife | 1100000 | | memaking |
| 30 S | AL RESIDENCE (# NU STATE Maryland | RSING OR OTHER INSTITU | 136. CITY OR Baltim | TOWN Ore | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS 4002 Ridge | ZIP CODE ecroft | Rd. | 21206 |
| 14. FA | ATHER'S NAME | | | | 15 MOTHER'S MAIDEN NA | | | | |
| 1 | Henry | MIDDLE | Ludi | ng | FIRST | WIDDIE | | LAS | T |
| | | R IN U.S. ARMED FORCE | | SECURITY NO. | 17 INFORMANT | ADDRI | ESS | | |
| 1 | YES, NO OR UNKNOWN) | (IF YES, GIVE WAR OR DATE | s) 213-1 | 2-7964 | Rudolph C. | Zinn 3219 N | orthway | Dr. | 21234 |
| \vdash | La CAUSE OF DEA | TH (Enter anly one cause | 1 1 | | | | | | MATE INTERVAL |
| CERTIFICATION | PART 2 OTHER SIG | | | TO SELVE | NOT RELATED TO THE TERM | 20a AUTOPSY? | 20b. IF YES, W IN CERTIFYIN | ERE FINDING CAUSES | NGS USED OF DEATH? |
| I B | Hux > | 1920 | Fre | mil. | Taxana | YES NO | YES [| | NO 🗌 |
| 10000 | 210. ACCOENT WAS U | - UOUE | AE OF INJURY | DAY YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJU | RY IN ITEM 18 PART I | OR PART 2) | |
| ICAL | (IF EITHER NOTIFY ME | DICAL EXAMINER) | P.M. | 19 | | | | | |
| MEDICAL | 21d. INJURY OCCU | (AT HOM | CE OF INJURY E. STREET, FACTORY, OF | FICE, FARM, ETC.) | 211 LOCATION STREET | CITY OR TO |)WN | COUNTY | STATE |
| 1 | | des 🗆 | | - 44. | 25 01 | 001 | 20 | Gr . | |
| 1 | 22a.1 certify that (| (the hospital) attende | the deceased fr | am 1448 | 25 1986 | | . 19_ | | that (I (we) last |
| d | tibovir, (1) (vg) | | ody after death. | 19_08_, a | nd that in (my) opinian | death accurred an the d | ate and havi an | | |
| 1 | 776 SIGNATURE | 000 | | | DEGREE ATTENDING | MEDICAL STA | FF | 22c. DATE | SIGNED |
| | / | muy | m | | PHYSICIAN - | DIRECTOR PHYSIC | CIAN | 240 | 486 |
| 1 | 22d. PHYSICIAN'S N | HATA | 005 405 | | 22e ADDRESS | 2 2 1 | 715 0 | | 20.7 |
| - | | avey, M.D. | 825-497 | | | Bldg. Suite | 212 TO | wson, | Ma. |
| | BURIAL, CREMATION (SPECIFY) Crem | nation 236 DATE | 28-86 | | ew Cremetory | 23d LOCATION | imore, | Maryl | and STATE |
| 24 F | UNERAL DIRECTOR | | 740 | BelA | 12 Rd. 1500 | 7.3 1 1086 | 1.0 | SIGNAT | URE |
| La | 3 STANN FO | meral Ha | me BA | 1M . 67- | 1.21236 | | Julia Do | ndern- | Randales |

DHMH - 16 60M 7 114 (VRA 15, 4)

DHMH - 16 60M 7/84 (VRA 15, 4)

John C. Miller Inc.-6415 Belair Road-21206

250. DATE RECID. BY REGISTRAN S. S. SIGNATURY